

Name
in
Full

Daniel Albaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

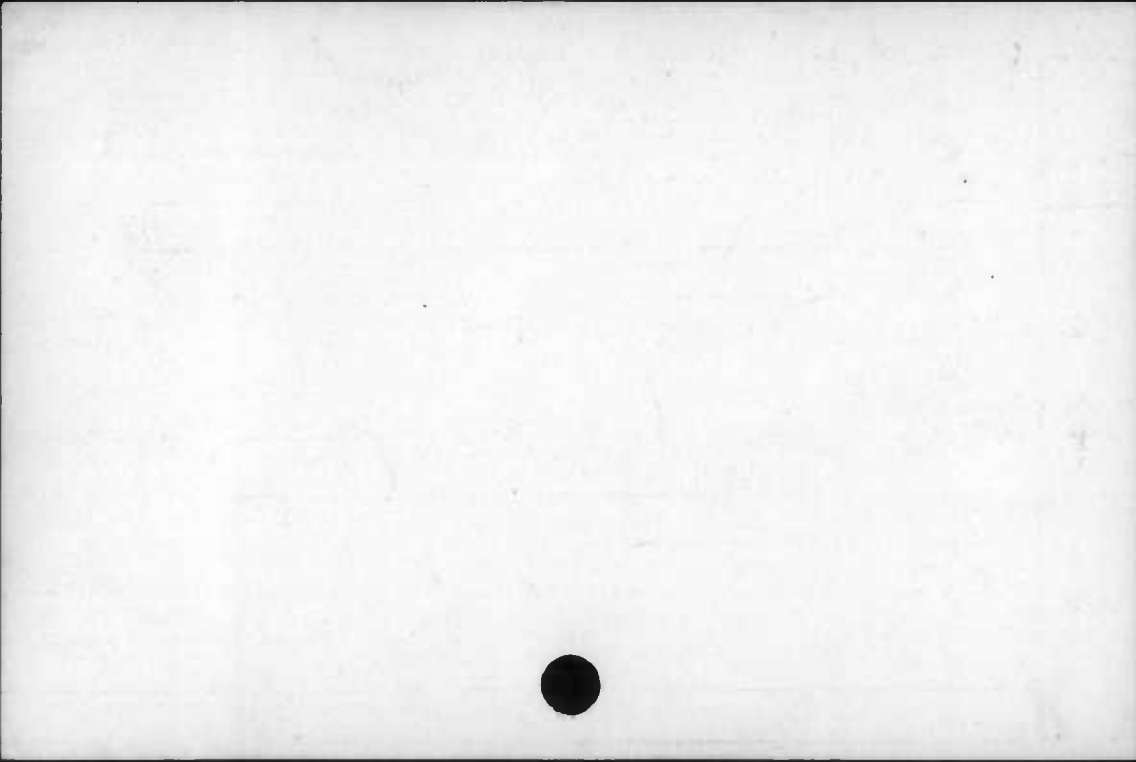
Died at <i>Johnsville</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>July</i>	Day	<i>10</i>
Age		<i>86</i>	Years	Months	<i>9</i>
Sex <i>Male</i>		Color or Race	<i>White</i>	Birth-place	<i>Fredrick Co. Md</i>
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Diehl</i>			
Father's Name <i>Andrew Albaugh</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Jacob H. Diehl</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	<i>Softening of the Brain</i>	How long	<i>several years</i>
Immediate	<i>Coma</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. H. Sidwell</i>	
		Address <i>Johnsville, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

William A. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>7</i>	Day <i>23</i>	Years <i>41</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Fredk Co Md</i>		
Occupation <i>Woods carrier</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nannie Carter</i>				
Father's Name <i>George Allen</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Bertie Jones</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs Nannie Allen</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	How long
<i>Organic Heart Disease</i>	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Francis Smith, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>no</i>	

Interment July 26 1909.

" at St. John's Cemetery

Thomas P. Rice F. & O.

Justice Smith

Dr McCurdy,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died *Edward E. Anders* Town *near Halkersville* County *Fred.*

Date of death *1909* Month *7* Day *22* Years *40* Months Days

Sex *male* Color or Race *White* Birth-place *Ind.*

Occupation *Bar Keeper* Where Residing if not at place of death *Summery Pa.*

Married, Single or Widowed *Single* Name of Wife or Husband *unknown*

Father's Name *Michael Anders* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Mrs. Cora Trout* How related to deceased *Sister*

CAUSES OF DEATH

27

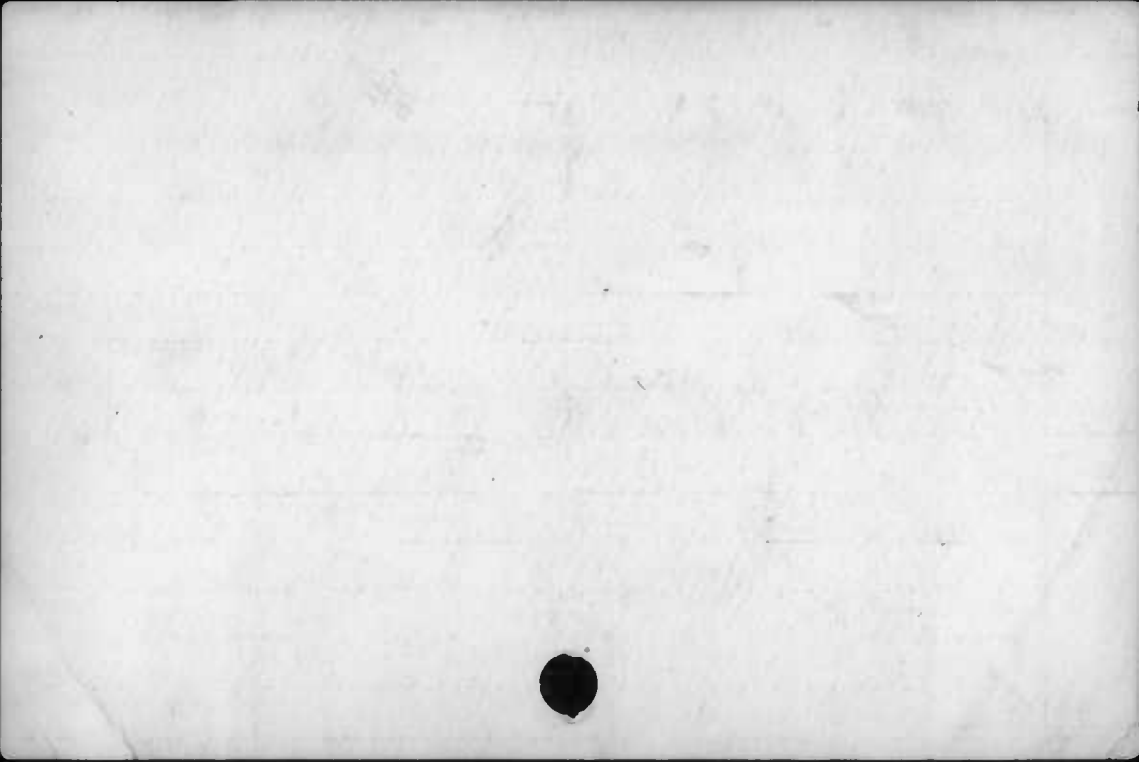
Primary *Pulmonary Tuberculosis* How long *do not know.*

Immediate *Patient came from Pa 13 days before.* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. H. H. H.*

J Address *Woodsboro, Md.*

Accident or Suicide? *no*



Name
in
Full

Anna M. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

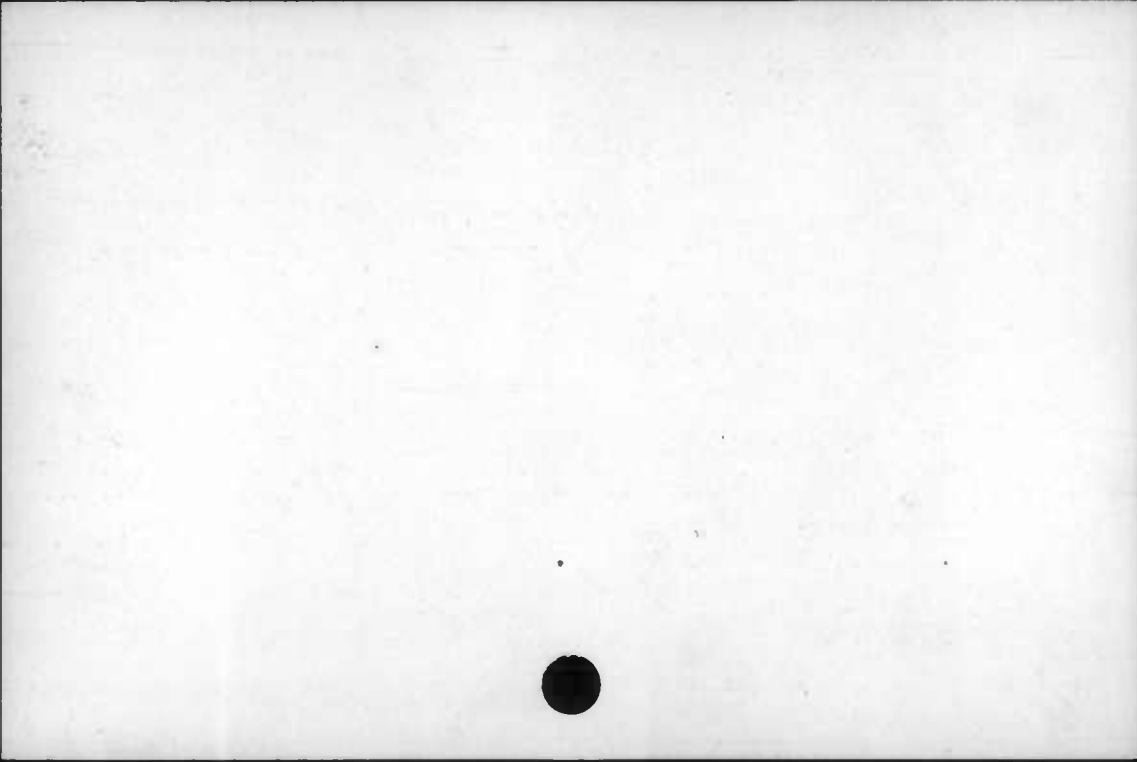
Died at		Town Thompson		County Frederick		MARYLAND	
Date of death		Month July	Day 9	Years 63		Months —	Days —
Sex Female		Color or Race White		Birth-place Md			
Occupation Housewife				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Thomas M. Baker					
Father's Name Jeremiah Lewis				Father's Birthplace Md			
Mother's Maiden Name Sarrak J. Claggett				Mother's Birthplace Md			
Name of person giving information Wm. T. Lewis				How related to deceased Brother			

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	Absecess of Lung	How long	6 weeks
Immediate	Thrombophlebitis of Lung	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. B. T. T. T. S.	
Yes		Address Thompson Md.	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Ann Barrick</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Died at <i>Fredericks</i>		Month <i>7</i>		Day <i>17</i>		Years <i>78</i>	
Date of death <i>1909</i>		Months <i>10</i>		Days <i>27</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredericks Co Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Edward Barrick</i>					
Father's Name <i>John Hill</i>		Father's Birthplace <i>Fredericks Co Md</i>					
Mother's Maiden Name <i>Eva C. Cramer</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Gora Barrick</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis -</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. F. Gorman md</i>
<i>yes</i>	Address <i>Fredericks, Md</i>
Accident or Suicide? <i>yes</i>	

Internment July 20 1909

" at Utica. (Fred's Co-Md) Gen.

Thomas F. Rice F. D.

Dr Goodell

Dr M^cCurdy.

Name
in
Full

Oliver A. Best

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Froedricks

Froedricks

Date

Month

Day

Years

Months

Days

of death 1909

7

22

Age

33

Sex

Male

Color or
Race

White

Birth-
place

Froedricks Co Md

Occupation

Stone Quarrying

Coveshing

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Arietta Burch

Father's
Name

John F. Best

Father's
Birthplace

Froedricks Co Md

Mother's
Maiden Name

Margaret J. Dorsey

Mother's
Birthplace

" " "

Name of person giving
information

Harry Best

How related
to deceased

Brother

CAUSES OF DEATH

166

Primary

Premature explosion of dynamite

How long

Immediate

"

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John F. Dorsey
Acting Coroner
Froedricks. Md.

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment July 24-09

" at Mt Olivet Cemetery

Thomas P. Rice F, L.O.

Justice Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rubie Frances Baker

Town

County

MARYLAND

Died at

Mt. Airy

Frederick

Date

of death

1909

Month

July

Day

29

Age

Years

7

Months

Days

Sex

girl

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Baker

Father's
Birthplace

Md.

Mother's
Maiden Name

Susan Alexander

Mother's
Birthplace

Md.

Name of person giving
Information

John Baker

How related
to deceased

father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 weeks

Immediate

Peritonitis

How long

2 days

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

M. J. Pearce
Unionville
Md.PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

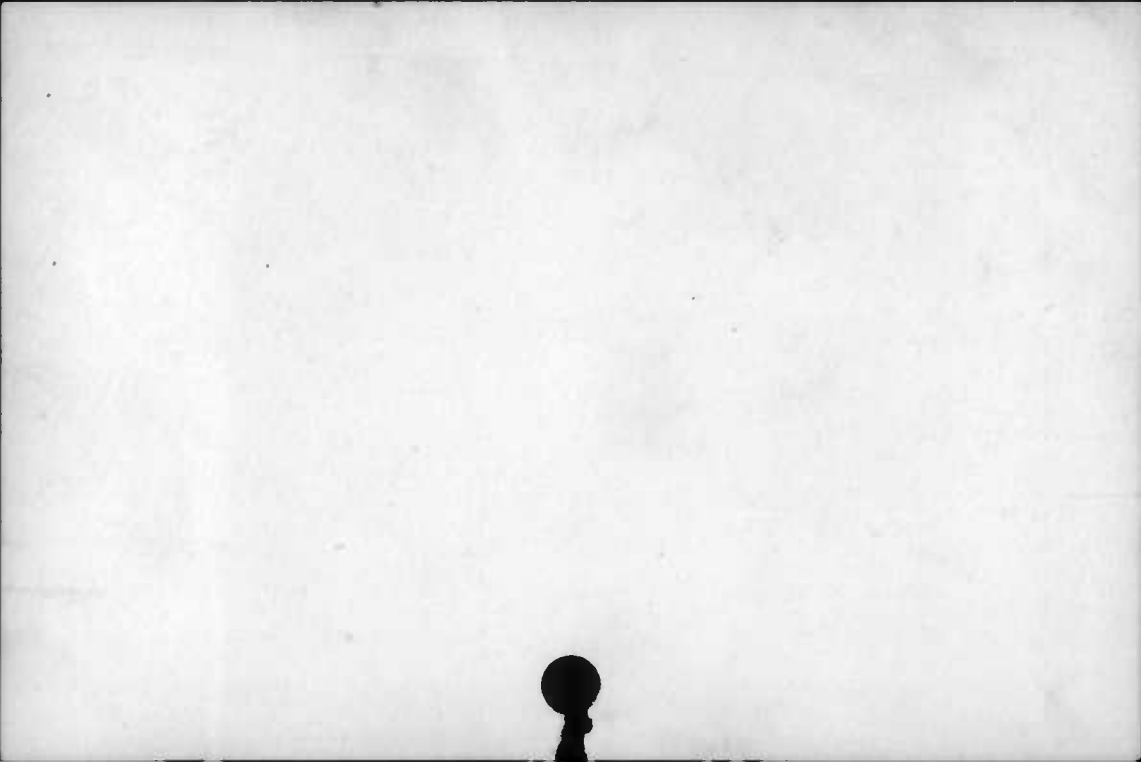
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lucinda Bowings		Town Adamstown		County Bedk		MARYLAND	
Died at Adamstown		Date of death 1909		Month 7		Day 22	
Age 5-8		Years 5-8		Months		Days	
Sex Female		Color or Race White		Birth-place Howard Co			
Occupation House-work		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife Lansing Bowings					
Father's Name Emanuel Bell		Father's Birthplace Ad					
Mother's Maiden Name Sarah Hall		Mother's Birthplace Ad					
Name of person giving information Lansing Bowings		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	66 X
Immediate	Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Joseph Thomas	
		Address Adamstown, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Boyd</i>		Town <i>Braddock Springs</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	July	Day	16	Years	Age 10
Sex <i>male</i>		Color or Race <i>caucasian</i>		Birthplace <i>Georgetown D.C.</i>		Months <i>2</i> Days <i>3</i>	
Occupation <i>school boy</i>				Where Residing if not at place of death <i>Washington D.C.</i>			
Married, Single or Widowed <i>Single</i>		Names of Wife or Husband					
Father's Name <i>Allen</i>		<i>Boyd</i>		Father's Birthplace <i>Boston Mass</i>			
Mother's Maiden Name <i>Jane</i>		<i>Retchie</i>		Mother's Birthplace <i>Frederick Md</i>			
Name of person giving Information <i>Mr. Allen Boyd</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

Primary <i>caught in belt of engine and hurled against stone wall</i>	How long <i>immediate</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Lived 3 hours in state of collapse</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Campbell</i>
	Address <i>Frederick Md</i>
Accident or Suicide <i>Accident</i>	

PHYSICIAN
OR CORONER

Interment July 18 - 09

" at Mt Olivet Cemetery

Thomas P. Rice F. & O.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDAnna Bell Burrier
Died at ^{Town} Stalkersville, ^{County} Frederick

MARYLAND

Date of death 1909 ^{Month} July ^{Day} 19 ^{Age} 1 ^{Months} 9 ^{Days} 21
Sex Female Color or Race White Birth-place Stalkersville
Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George W. Burrier

Father's
Birthplace

Fred. Co.

Mother's
Maiden Name

Emma Jane Beard

Mother's
Birthplace

Fred. Co.

Name of person giving
Information

Jonas Burrier

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Cholera Infantum

How long

105

4 days

Immediate

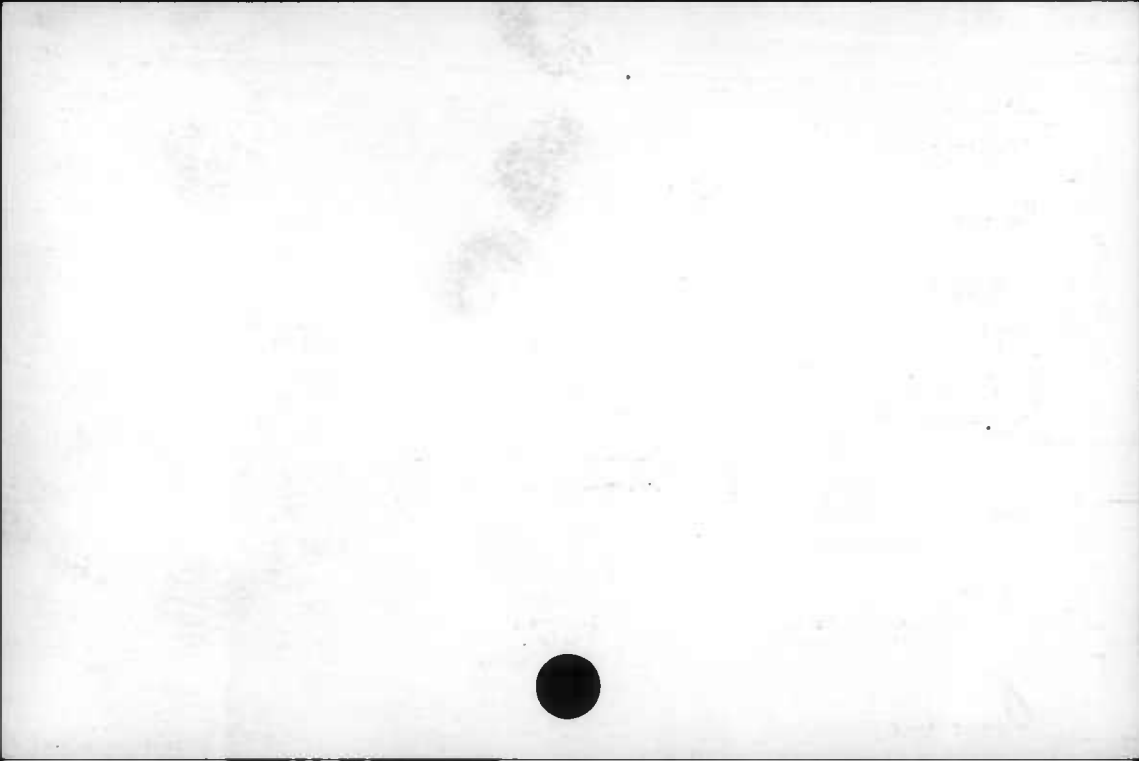
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John J. Rensburg
Stalkersville
Maryland.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Annie Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND					
Date of death <i>1909</i>		Month <i>7</i>		Day <i>18</i>		Age <i>17</i>		Months <i>0</i>		Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>							
Occupation <i>Maids</i>				Where Residing if not at place of death <i>Same</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____									
Father's Name <i>George Butler</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Rachel Story</i>		Mother's Birthplace <i>"</i>									
Name of person giving information <i>Rachel Butler</i>		How related to deceased <i>Mother</i>									

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Year</i>
Immediate <i>Asthenia</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. O. Thomas M.D.</i>
<i>J</i>	Address <i>Fredericks Md</i>
Accident or Suicide? _____	

Interment ^{near} ~~at~~ Martinsburg Md

" July 20—09

Thomas F. Rice. F.O.

Dr. B. O. Thomas

Dr McCurdy

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

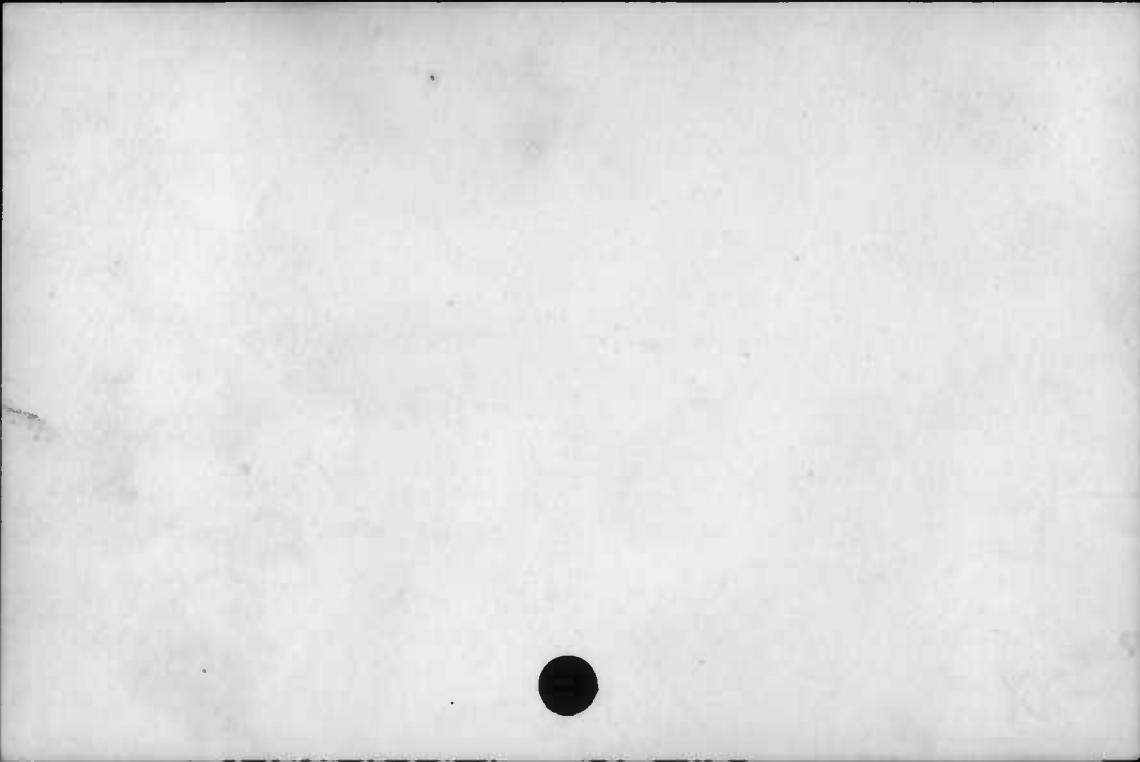
Died at		Town		County		MARYLAND	
Date of death	1909	Month	7	Day	22	Age	14
Sex		Male		Color or Race		White	
Occupation		Took Buses		Where Residing if not at place of death		Print of R. H.	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		D. O. Dean		Father's Birthplace		Baltimore	
Mother's Maiden Name		Lettie H. Hight		Mother's Birthplace		Baltimore	
Name of person giving information		D. O. Dean		How related to deceased		Father	

CAUSES OF DEATH

172 X

PHYSICIAN
OR CORONER

Primary	Drowned	How long	Immediate
Immediate	Suffocation	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. Mackin Krapnell	
		Address	
		Print of R. H. H.	
Accident or Suicide?		Mid	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Byrd Gaubril Eichelberger

Town

County

MARYLAND

Died at *Fredericks**Fredericks*Date
of death *1909*

Month

7

Day

12

Age

Years

49

Months

4

Days

*15*Sex *Male*Color or
Race*White*Birth-
place*Fredericks*

Occupation

*Merchant (Books)*Where Residing if not
at place of death*New York.*Married, Single
or Widowed*Married*Name of Wife or
Husband*Lorelle Faust-LeRoy*Father's
Name*Grayson Eichelberger*Father's
Birthplace*Fredk Co Md.*Mother's
Maiden Name*Amanda Baigher.*Mother's
Birthplace*" " "*Name of person giving
In formation*E. S. Eichelberger.*How related
to deceased*Brother*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Valvular heart disease.

How long

2 years.

Immediate

Acute dilatation of heart.

How long

*1 week.*Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*Wm M. Smith*

Address

*Fire Street.**X*

Accident or Suicide?

~~~~~

Interment Aug 14 - 1909

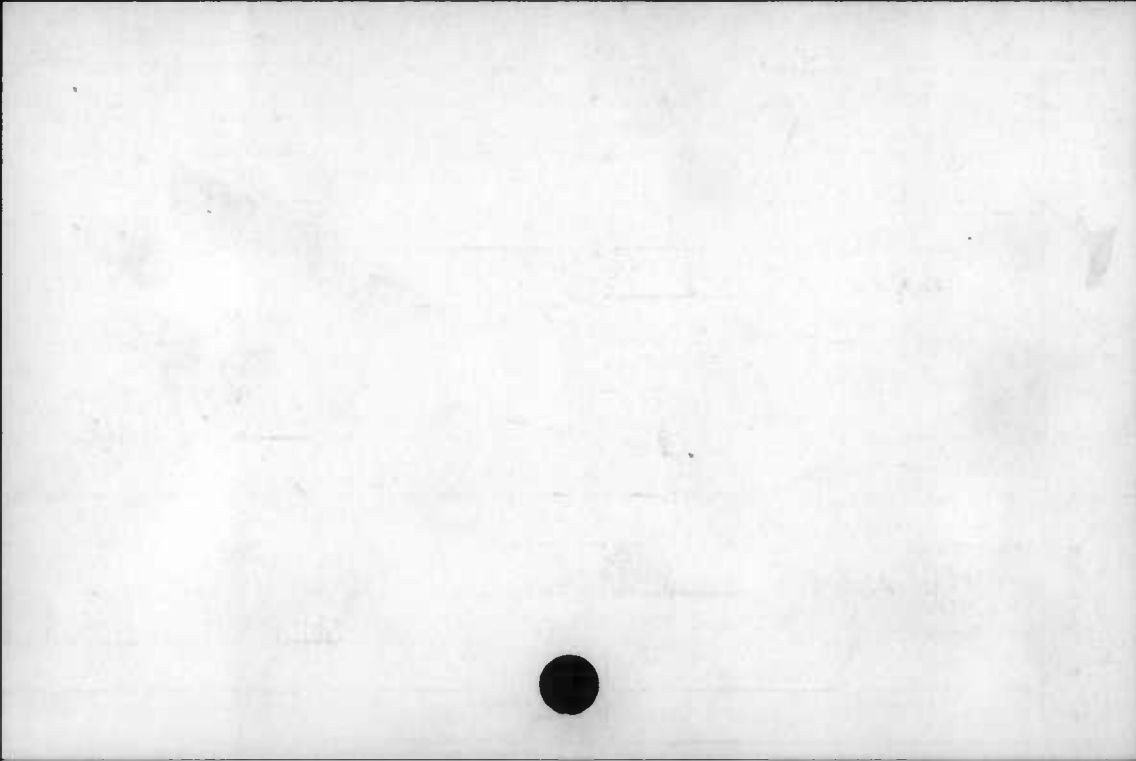
" at Mt Olivet Cemetery

Thomas P. Rice F. & D.

Dr. J. B. Johnson

Or McCurdy.

Name in Full		Infant daughter of Mr. & Mrs. Clarence Fink				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Burkittsville		Ared		MARYLAND	
	Date of death	1909	July	21	Age	0	0
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Infant		Name of Wife or Husband			
	Father's Name	Clarence W. Fink				Father's Birthplace	Fresh Co.
	Mother's Maiden Name	Kelen Hanes				Mother's Birthplace	Va.
Name of person giving information	Clarence Fink				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still Born				How long	8
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Geo. J. J. J. J.
	Address						Burkittsville
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Margaret Jane Fleming
Town Frederick County

Died at *Thermont* MARYLAND

Date of death 1909 July 15 - Age 41 Months 0 Days 0

Sex Female Color or Race White Birth-place Virginia

Occupation *House* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Jas - H. Fleming*

Father's Name *John M. Bulman* Father's Birthplace *Va*

Mother's Maiden Name *Lucy Ellen Kidd* Mother's Birthplace *Va*

Name of person giving Information *Robert Tyson* How related to deceased *Son in Law.*

CAUSES OF DEATH

120 X

Primary *Pharyngitis & Nephritis* How long *2 years*

Immediate *Uremia* How long *3 days*

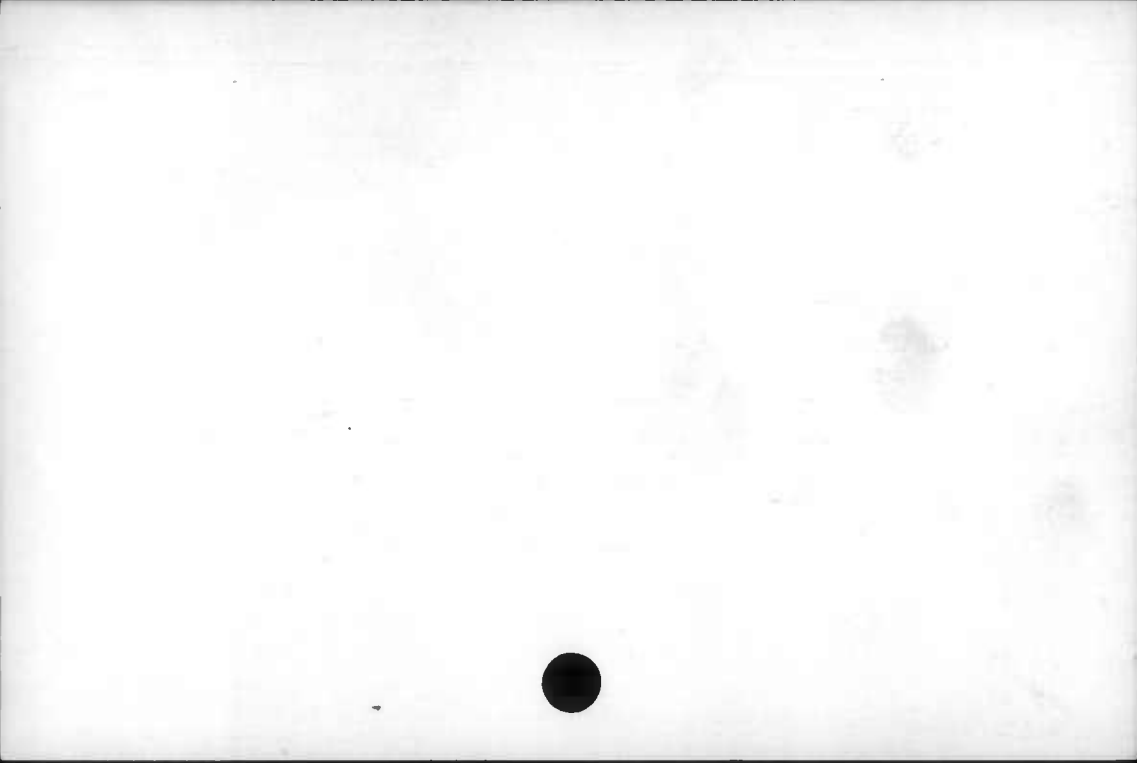
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. C. Kefauver*

Address *Thermont, Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		John E. Fornace				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND								
		Died at		Fredericks										
		Date of death	1909	Month	7	Day	22	Age	33	Years	7	Months	2	Days
		Sex	Male		Color or Race	Black		Birth-place	Maryland					
		Occupation	Laborer			Where Residing if not at place of death			Same					
		Married, Single or Widowed	Married		Name of Wife or Husband	Lillie Goin's								
		Father's Name	Moses W. Fornace					Father's Birthplace	Maryland					
Mother's Maiden Name	Annie E. Bailey					Mother's Birthplace	"							
Name of person giving information	Mose Fornace					How related to deceased	Wife							
		CAUSES OF DEATH					166							
PHYSICIAN OR CORONER		Primary	Promotion explosion of dynamite					How long	X					
		Immediate	"					How long	X					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John Edwin Smith, M.D.						
						Address		Acting Coroner						
		Accident or Suicide?		Accident				Smith, M.D.						

Interment July 23 - 09

" at Bartonville Mod

Thomas F. Rice F. O.

Justice Smith.

Name
in
Full

Geo. W. Freeze

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Thurmont County Fredrick MARYLAND

Died at Thurmont

Date of death 190 9 Month 7 Day 6 Age 59 Years 2 Months 8 Days

Sex male Color or Race white Birth-place Maryland

Occupation Laborer Where Residing if not at place of death J

Married, Single or Widowed yes Name of Wife or Husband Harriet

Father's Name Joseph Freeze Father's Birthplace Maryland

Mother's Maiden Name Mary E. Rouzer Mother's Birthplace "

Name of person giving Information Harriet Freeze How related to deceased wife

CAUSES OF DEATH

Primary Cancer of Liver, followed by Lamdis How long 2 months

Immediate Hemorrhage How long 1/2 hour

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician James R. Walters

J Address Thurmont
Ind

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Adelaide Frizell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1904</i> ^{Year}	<i>July</i> ^{Month}	<i>2nd</i> ^{Day}	Age <i>34</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ct. St. Marys</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Enoch L Frizell</i>		
Father's Name	<i>William A. Flautt</i>		Father's Birthplace	<i>Emmitsburg Md</i>	
Mother's Maiden Name	<i>Mary Winn</i>		Mother's Birthplace	<i>Ct. St. Marys</i>	
Name of person giving information	<i>Maggie Arnold</i>		How related to deceased	<i>Aunt.</i>	

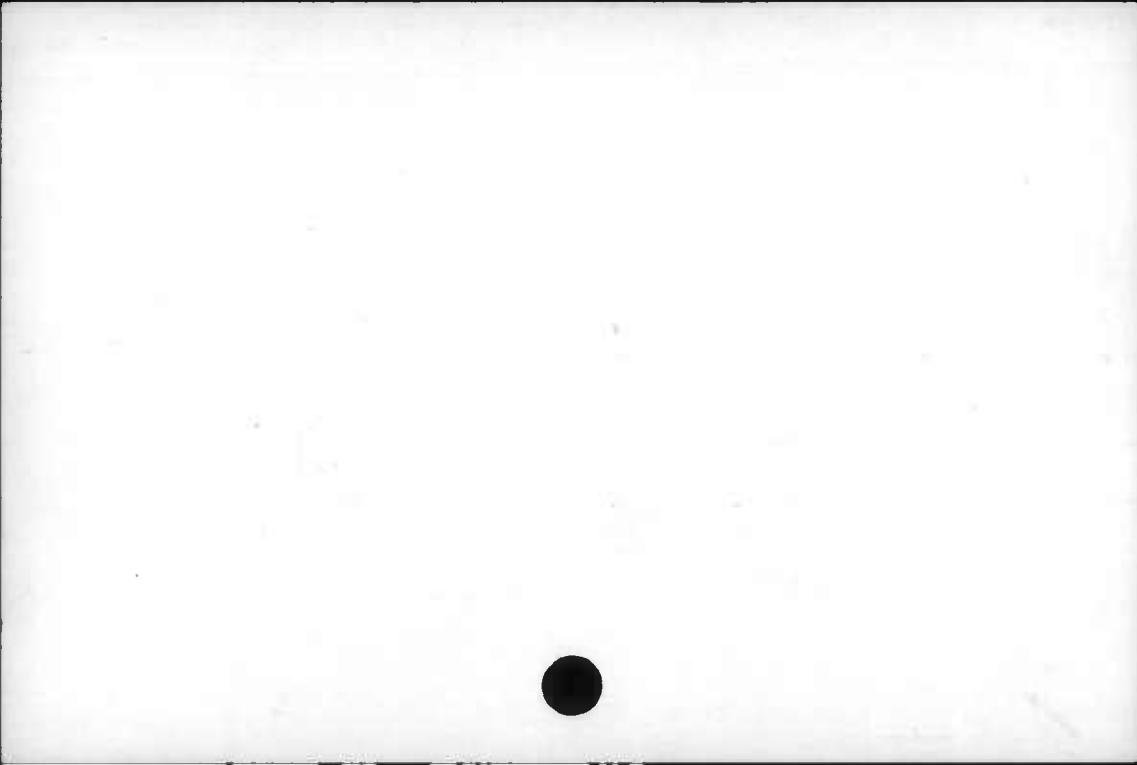
Due to other causes.

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<i>Septic Infection (non-purulent)</i>	How long	<i>16 hours</i>
Immediate	<i>Acute Septic Endocarditis</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. E. Kelberger M.D.</i>
		Address	<i>Emmitsburg Maryland</i>
Accident or Suicide <i>X</i>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>John V. Fuss</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND					
Died at <i>Fredericks</i>		Month <i>7</i>		Day <i>1</i>		Years <i>32</i>		Months <i>10</i>		Days <i>18</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fred's Co Md</i>					
Occupation <i>Farmer, etc.</i>				Where Residing if not at place of death <i>Same</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edna A. Cluts.</i>									
Father's Name <i>Wm H. Fuss</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Louisa M. Overholzer</i>		Mother's Birthplace <i>Pennsylvania</i>									
Name of person giving information <i>Mrs Fuss</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

56

Primary <i>Bronchitis acute</i>	How long <i>3 weeks</i>
Immediate <i>Bronchonea and acute alcoholism</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hedger</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>---</i>	

Interment July 3 - 19

" at Emmittsburg^{Md} Cemetery

Thomas P. Rice F. D.

Dr. Hedges

Dr. McBurdy.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank Greyson Gaylor
Town Middletown County Frederick

MARYLAND

Died at Date of death 1909 July 18 Age 1
Month 9 Day 18 Year 1 Month 9 Day 9

Sex Male Color or Race White Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Alonzo C Gaylor

Father's Birthplace Ind

Mother's Maiden Name Cora C Moser

Mother's Birthplace Ind

Name of person giving information Alonzo C Gaylor

How related to deceased Father

CAUSES OF DEATH

105

Primary Phalena infantum

How long 10 days

Immediate Meningitis

How long 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

E L Buckley
Middletown
Ind

PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Leander Gilbert.*

Died at *Goodshoro* Town *Frederick* County

Date of death *1909* *July* *19* *Age* *76* *Months* *2* *Days* *8*

Sex *Male* Color or Race *White* Birth-place *Goodshoro*

Occupation *Fire Burner* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Michael Gilbert* Father's Birthplace *Goodshoro*

Mother's Maiden Name *Margaret Koontz* Mother's Birthplace *Carroll Co.*

Name of person giving information *J. Milton Gilbert* How related to deceased *Brother*

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary *Cancer of face* How long *2 yrs.*

Immediate *Malnutrition* How long *3 months.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. H. Kable*

Address *Goodshoro*

Accident or Suicide? *_____*

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Minnie Glass* Town *West Falls* County *Hendrich* MARYLAND
Died at *West Falls*
Date of death 190 *9* July 19 *19* Age *3* Months *1* Days
Sex *girl* Color or Race *White* Birth-place *Md.*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *David Glass* Father's Birthplace *Md.*
Mother's Maiden Name *Long* Mother's Birthplace *Md.*
Name of parson giving Information *Peter Long* How related to deceased *son*

CAUSES OF DEATH

179
How long

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *8 or 10 weeks*
Immediate *Epharyngitis* How long *1 week*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. S. Peary*
Address *Unionville Md.*
Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

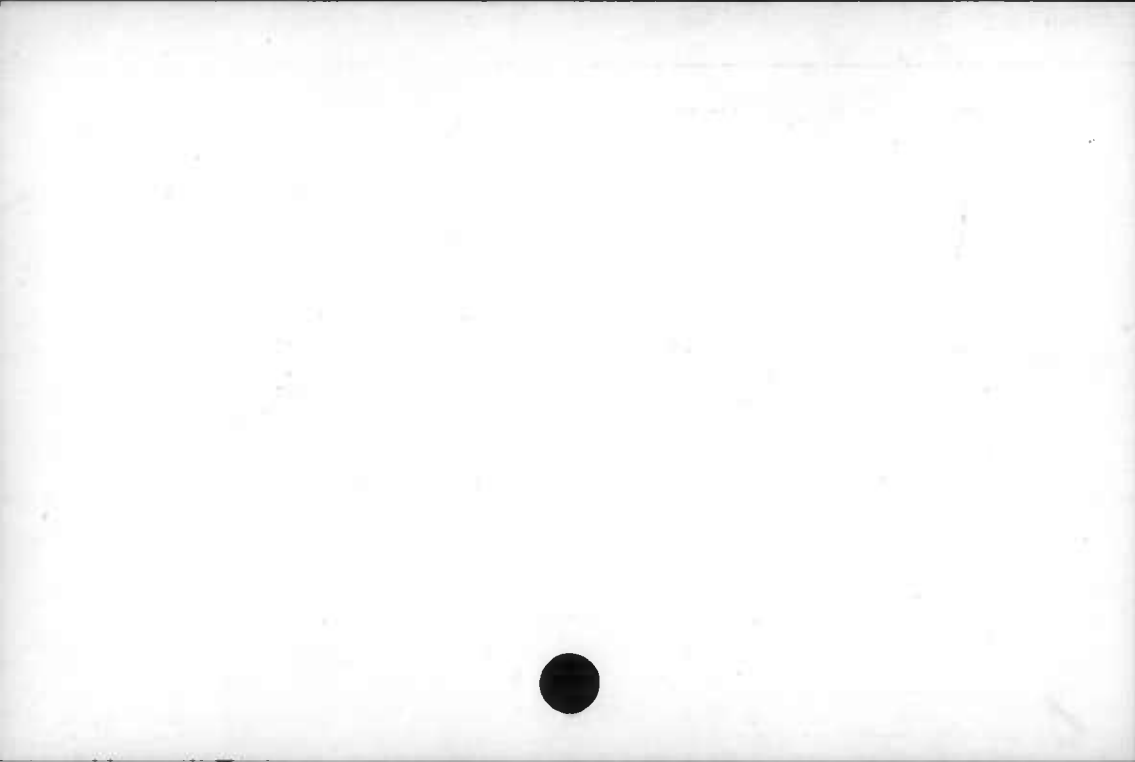
Name <i>Hellen Eliza Hahn</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Thurmont</i>							
Date of death 190 <i>9</i>		Month <i>July</i>	Day <i>31</i>	Age <i>6</i>	Years <i>2</i>	Months <i>6</i>	Days <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Thurmont Md</i>			
Occupation <i>2</i>				Where Residing if not at place of death <i>2</i>			
Married, Single or Widowed <i>2</i>		Name of Wife or Husband <i>2</i>					
Father's Name <i>Howard H Hahn</i>				Father's Birthplace <i>Thurmont Md</i>			
Mother's Maiden Name <i>Sarah A. Severney</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Howard H Hahn</i>				How related to deceased <i>Father</i>			

(Gastro-enteritis) CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Infectious</i>	How long <i>3 days</i>
Immediate <i>Cerebral Congestion</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Kefauver</i>
	Address <i>Thurmont Md</i>
Accident or Suicide <i>2</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Hamilton

Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death 190 *9* Month *July* Day *8th* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Raymond Hamilton* Father's Birthplace *Ind*

Mother's Maiden Name *Carrie Felash* Mother's Birthplace *Ind*

Name of person giving information *R. Hamilton* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Prematurity* How long *151*

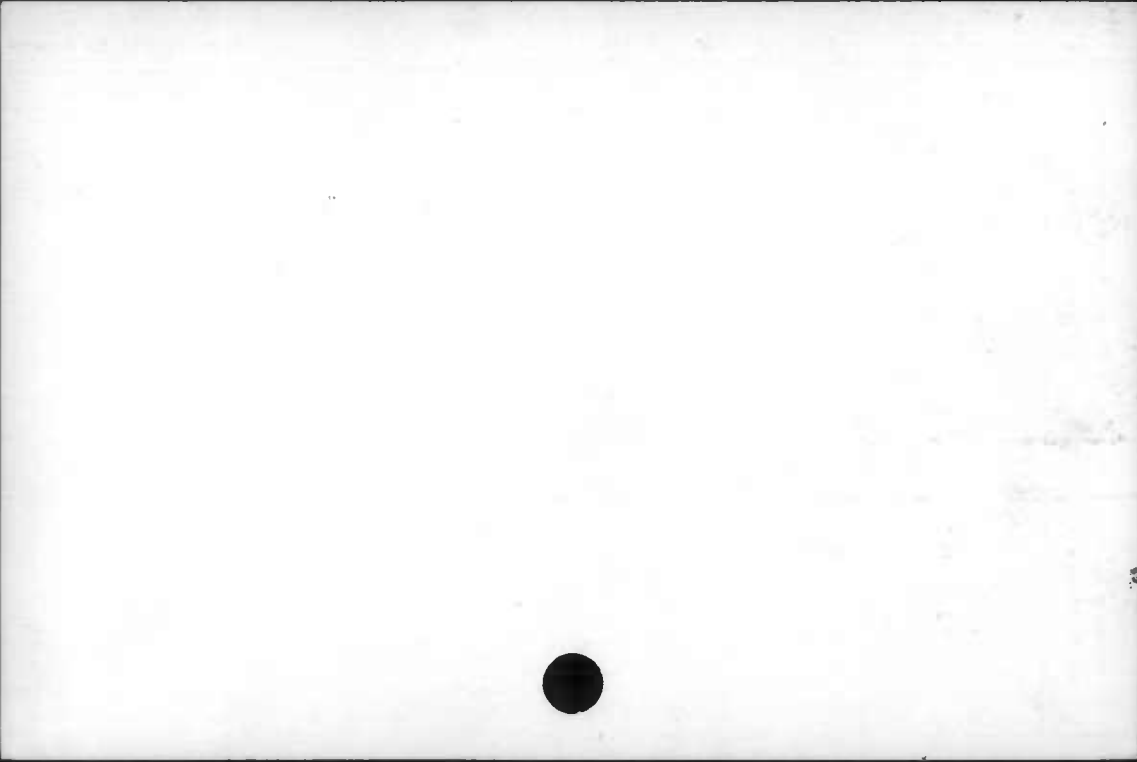
Immediate *Cardiac Obstruction* How long *2 hours*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *H. H. Hedger*

Address *Frederick*

Accident or Suicide *—*



Name
in
Full

Luther E. Harner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Unionville Town Frederick County MARYLAND

Date of death 1909 July Month 28 Day Age 65 Years Months 7 Days 20

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer (retired) Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Cordelia Long

Father's Name Singlow Harner Father's Birthplace Pa.

Mother's Maiden Name Cordelia Harner Mother's Birthplace Pa.

Name of person giving Information Harry Stitely How related to deceased none

Carcinoma left side of face,
near the eye.

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary Exhaustion Carcinoma (between eye and ear) How long 2 years

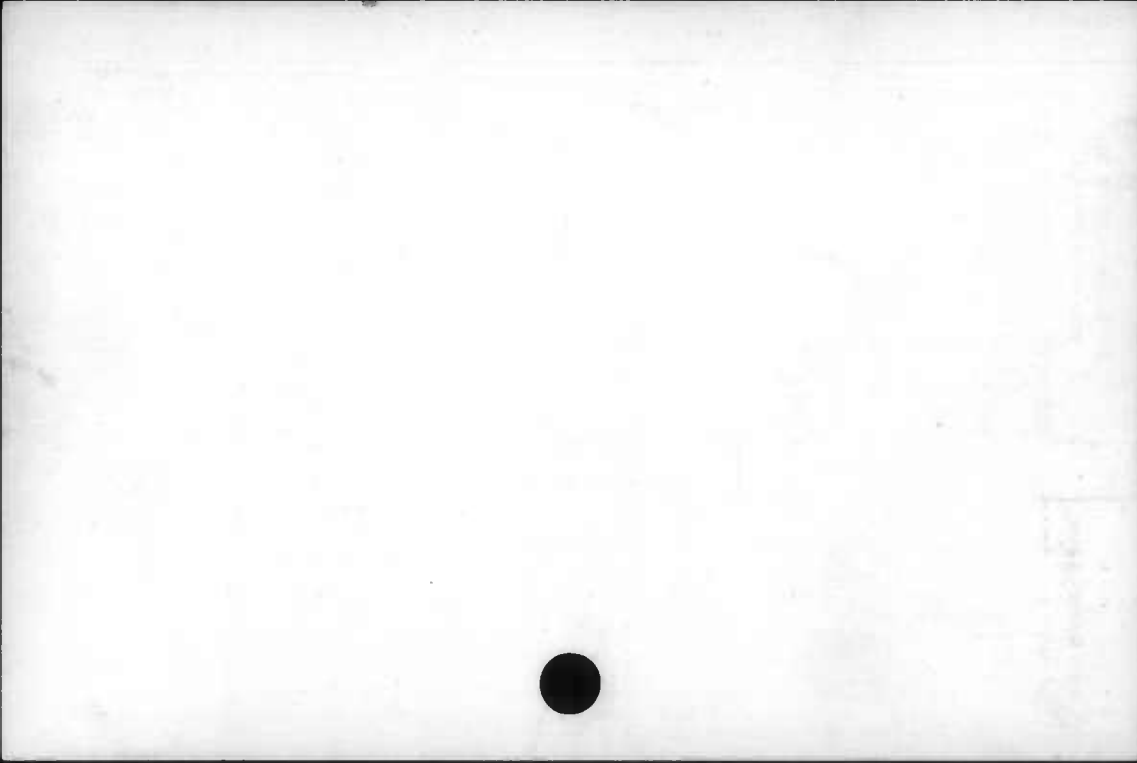
Immediate Exhaustion How long 1 week

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician Thomas P. Sappington

Address Unionville Md

Accident or Sulfida



Name
in
Full

Mary Catherine Hendrickson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>7</i>		Day <i>23</i>		Age <i>76</i>	
Sex <i>Female</i>		Color or Race <i>Wh</i>		Birth-place <i>Md</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Annie Hendrickson</i>					
Father's Name <i>David Haugh</i>		Fether's Birthplace <i>Md</i>					
Mother's Meiden Name <i>Abby Haugh</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Mrs L.E. Mullins</i>		How related to deceased <i>Daughter</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH		120	
Primary <i>Chronic Nephritis</i>	How long <i>4 mos.</i>		
Immediate <i>Exhaustion</i>	How long		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Gordon, M.D.</i>	Address <i>Frederick.</i>	
Accident or Suicide <i>No</i>			



Name
in
Full

Benjamin Coleman Holt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Lewiston* Town *Frank* County

Date of death *1909* Month *July* Day *27* Age *87* Years Months *4* Days *7*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *Harriet Ann Hammer*

Father's Name *Samuel Holt* Father's Birthplace *Md.*

Mother's Maiden Name *Sophia Green* Mother's Birthplace *61*

Name of person giving information *Son, Peter* How related to deceased *—*

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary *General debility* How long *—*

Immediate *Bronchitis* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *8*

Signature of Physician *E. Shighlorn*

Address *Lewiston Md.*

Accident or Suicide? *8*



Name
in
Full

David Elias Houch.

CERTIFICATE OF DEATH

Died at *Monteree Hospital* ^{Town} *Frederick* ^{County}

MARYLAND

Date of death 1909 ^{Month} *July* ^{Day} *3* ^{Years} *65* ^{Months} *5* ^{Days}Sex *Male* Color or Race *White* Birth-place *Frederick*Occupation *Unknown* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or HusbandFather's Name *David Houch*Father's Birthplace *Unknown*Mother's Maiden Name *Mary Meisinger*Mother's Birthplace *Unknown*Name of person giving Information *Mrs Geo Plunkard*

How related to deceased

CAUSES OF DEATH

Primary *General Debility*How long *3 years*Immediate *atherosclerosis*How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Henry P. Houchard
Frederick Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

47.

Name
in
Full

Abraham Noah Sest

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middletown ^{County} Frederick MARYLAND

Date of death 1909 ^{Month} July ^{Day} 26 ^{Age} 75 ^{Years} ^{Months} 11 ^{Days} 10

Sex Male ^{Color or Race} White ^{Birth-place} Middletown, Md.

Occupation Farmer (Retired) ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Mary Heffauver

Father's Name Christopher Sest ^{Father's Birthplace} Md

Mother's Maiden Name Mary M. Kehler ^{Mother's Birthplace} Md

Name of person giving Information ^{How related to deceased}

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

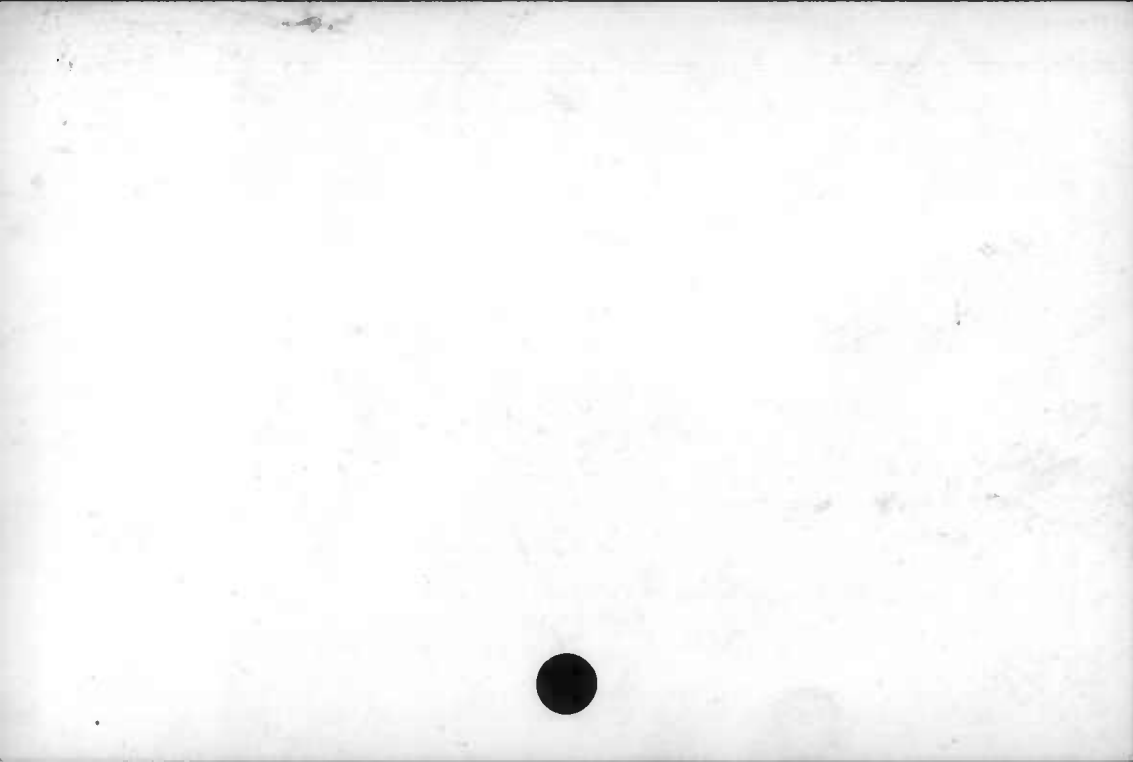
Primary Organic heart disease ^{How long} Indefinite

Immediate Dilatation, General dropsy, Pneumonia ^{How long} 7 or 8 mos.

Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} Dr. B. H. Hoke

^{Address} Myersville Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Kilroy Town *Emmitsburg* County *Fredrick* MARYLAND

Died at *Emmitsburg*

Date of death 1909 July 31st Age 69 Months 3 Days 14

Sex *Female* Color or Race *White* Birth-place *Canada*

Occupation *Religious, Tr. Charity* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Martin Kilroy* Father's Birthplace *Canada*

Mother's Maiden Name *Mary Carroll* Mother's Birthplace *Canada*

Name of person giving Information *Ch. Bernadine Orendorf* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

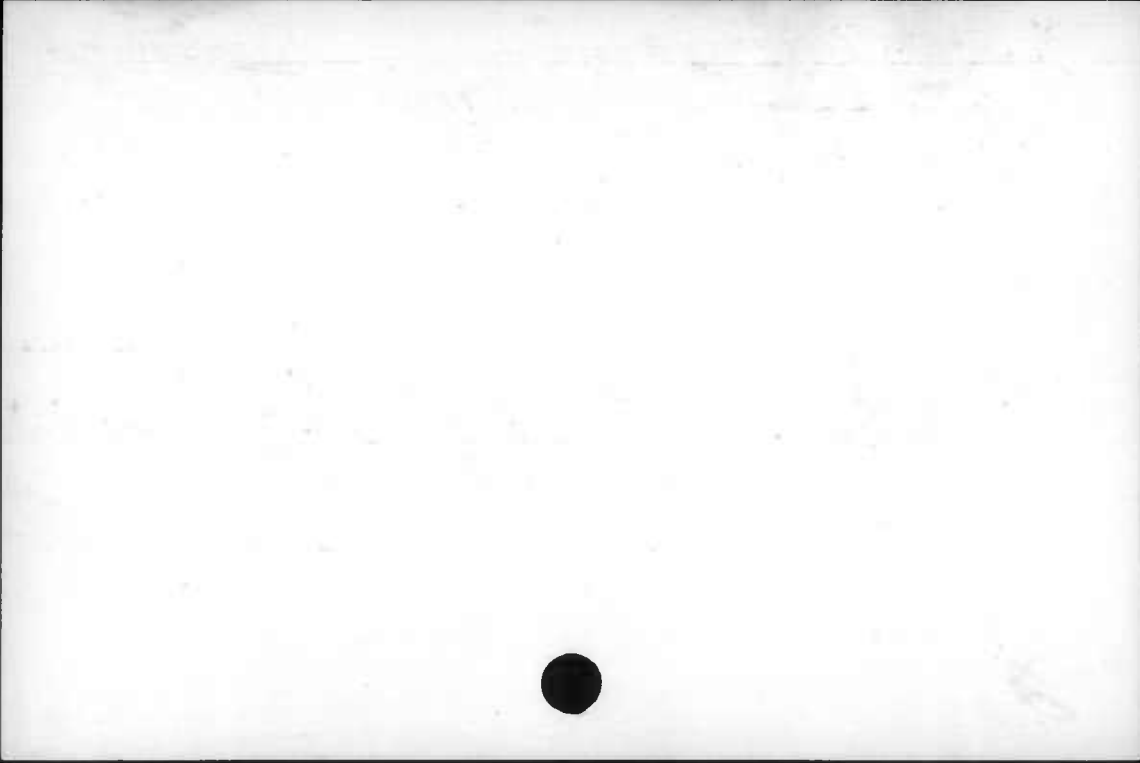
Primary *None* How long *104* *x*

Immediate *Acute Indigestion* How long *Two hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John B. Brown* Address *Emmitsburg*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ann Rebecca King* Town *near Jefferson* County *Fredrick* MARYLAND

Died at *near Jefferson*

Date of death *1909* Month *7* Day *26* Age *86* Years Months *1* Days *7*

Sex *Female* Color or Race *White* Birth-place *near Jefferson*

Occupation *Spinster* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband *Jessie W. King*

Father's Name *William L. Lumber* Father's Birthplace *St. John*

Mother's Maiden Name *Sarah Lambert* Mother's Birthplace *St. John*

Name of person giving information *John W. J. King* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

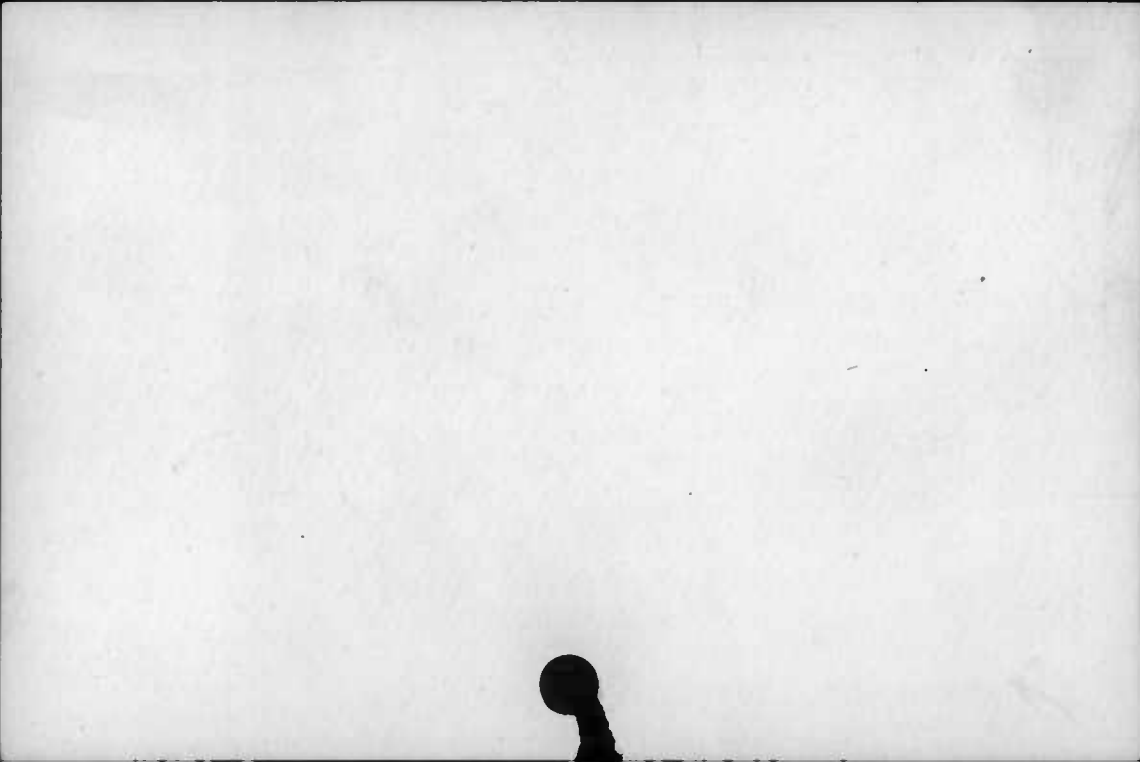
Primary *Senility* How long *6 mo.*

Immediate *Dangrene* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *L. H. Hedges*

Address *Fredrick Md.*

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Emmitsburg Frederick*

Date of death 1909 *July* *26* Age *—* Months *1* Days *16*

Sex *male* Color or Race *white* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James H. Stontz* Father's Birthplace *Maryland*

Mother's Maiden Name *Nellie Eyer* Mother's Birthplace *"*

Name of person giving Information *James H. Stontz* How related to deceased *Father*

CAUSES OF DEATH

Primary *Enterocolitis* How long *Two weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

Erving I. Lewis

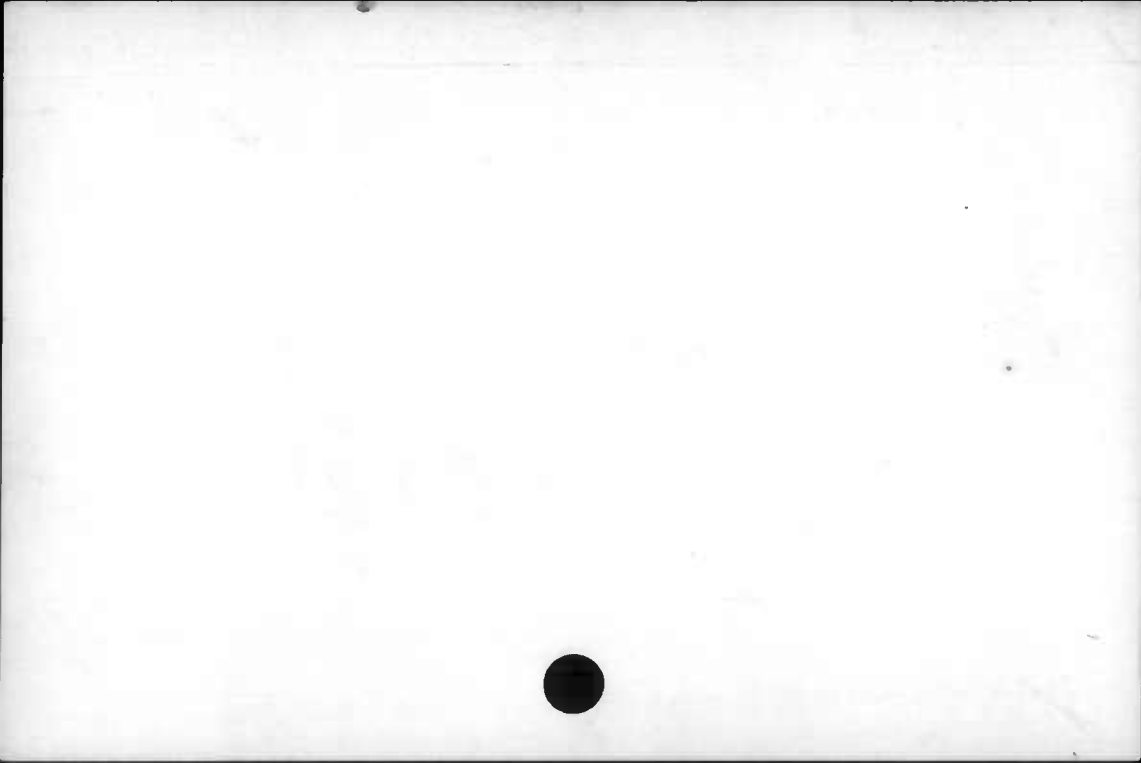
CERTIFICATE OF DEATH

Died <i>Near Harney</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 1909		Month <i>July</i>	Day <i>9</i>	Age <i>4</i>	Years	Months <i>3</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Detroit Mich</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Detroit Mich</i>					
Married, Single <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Arthur Lewis</i>		Father's Birthplace <i>Lake City Mich</i>					
Mother's Maiden Name <i>Masura Fleagle</i>		Mother's Birthplace <i>Carroll Co Ind</i>					
Name of person giving Information <i>Masura Fleagle</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary	<i>Diphtheria</i>	How long	<i>4 days</i>
Immediate	<i>Diphtheria Toxemia with cardiac failure</i>	How long	<i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. M. Benner M.D.</i>	
		Address <i>Danbury Conn</i>	
Accident or Suicide			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John H. Milberry</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND									
Died at <i>Fredericks</i>		Date of death <i>1909</i>		Month <i>7</i>		Day <i>18</i>		Age <i>—</i>		Years <i>—</i>		Months <i>2</i>		Days <i>26</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fredericks</i>											
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>													
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>													
Father's Name <i>Henry Milberry</i>		Father's Birthplace <i>Fredericks</i>													
Mother's Maiden Name <i>Fienetta Gray</i>		Mother's Birthplace <i>Fredericks</i>													
Name of person giving information <i>Henry Milberry</i>		How related to deceased <i>Father</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Syphilis</i>	How long <i>36</i>
<i>North Beach, Virginia</i>	How long <i>—</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Milberry</i>
	Address <i>—</i>
<i>Accident or Suicide?</i>	

Interment July 19 - 1909

" at Greenmount Cem.

Thomas P. Rice F. & O.

Dr Maynard

Dr M^r Curdy

Name
in
Full

Mary

Morgan

CERTIFICATE OF DEATH

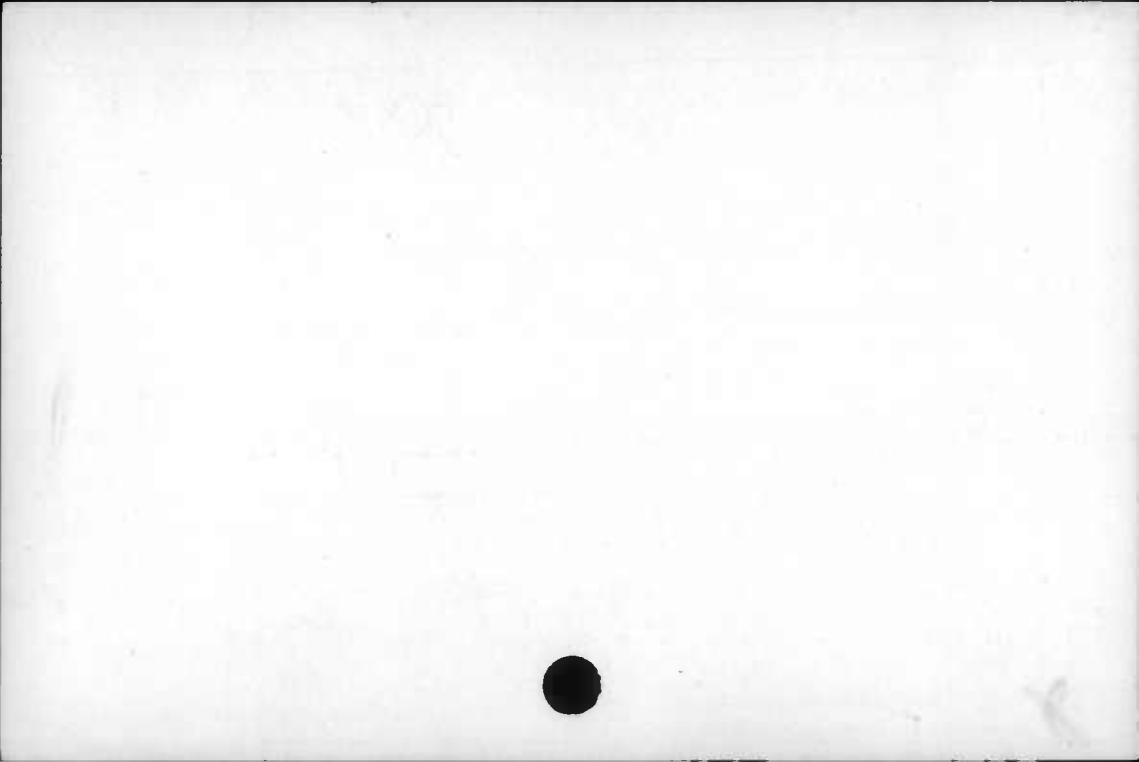
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>10</i>	Age <i>79</i>	Years <i>6</i> Months Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>MD</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife Husband <i>George Morgan</i>			
Father's Name <i>Edward Schley</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Margaret Bringle</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Sister</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Softening of Brain</i>	How long <i>65</i> <i>several months</i>
Immediate	<i>Paralysis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mrs Crawford Johnson MD</i>
		Address <i>Frederick MD</i>
Accident or Suicide? <i>no</i>		



Name
in
Full

Catherine Moser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

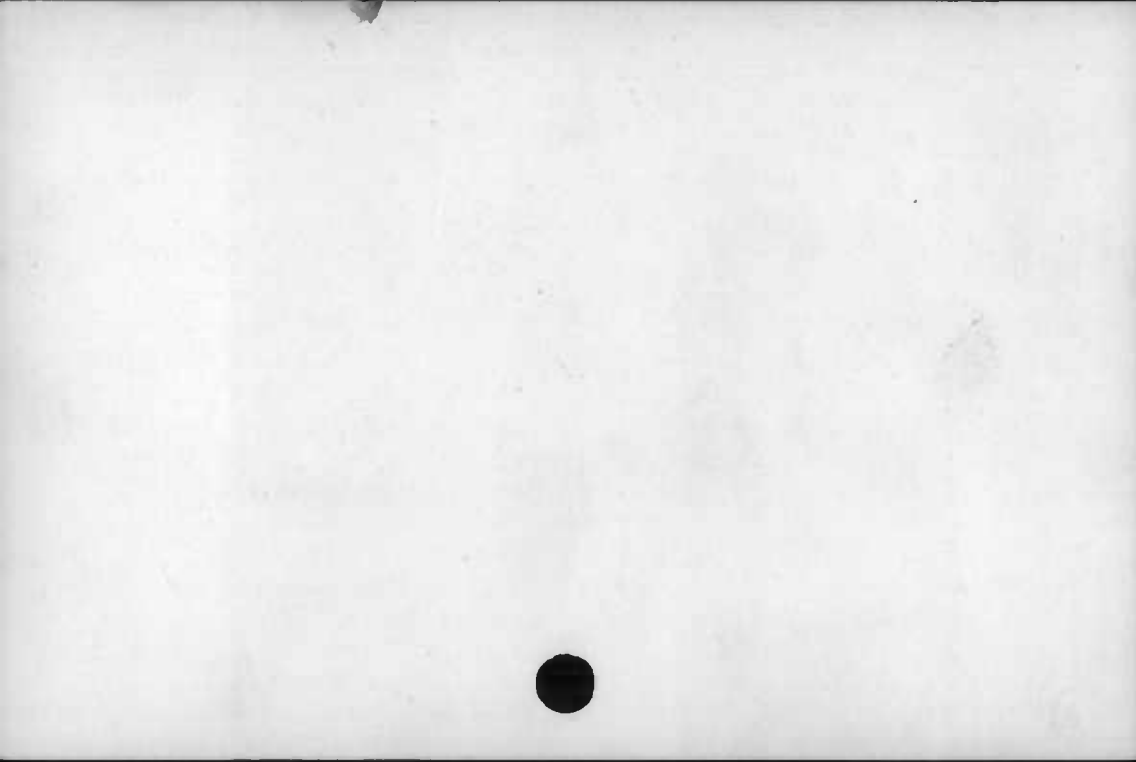
Died at <i>near walsville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1909	Month	July	Day	25	Age	74
Sex	Female	Color or Race	white	Birth-place	Ind	Months	4
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Jacob L. Moser</i>			
Father's Name	<i>John Harshman</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name	<i>Elizabeth Grassmiller</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information	<i>J. L. Moser</i>			How related to deceased <i>Husband</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Complication & chronic Bright's disease 3 yrs</i>	
Immediate	<i>Heart Failure</i>	How long <i>many years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>A. Smith</i>
		Address <i>Jefferson Ind</i>
Accident or Suicide?		



Name
in
Full

Charles Sailor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Monroe Hospital</u>		County <u>Frederick</u>		MARYLAND	
Date of death	1909	Month	July	Day	31
Age	89	Years		Months	9
Sex	Male	Color or Race	Black	Birth-place	Greenbelt
Occupation	Laborer		Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Ab Brooks</u>		
Father's Name	<u>Wm. Naylor</u>		Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Charlotte Nelson</u>		Mother's Birthplace	<u>Md</u>	
Name of person giving Information	<u>Richard Naylor</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>1 week</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>H. P. Fahmy Md</u>	
		Address <u>Frederick, Md</u>	
Accident or Suicide <u>X</u>			



Name
in
Full

Mrs Harriet Nichols

CERTIFICATE OF DEATH

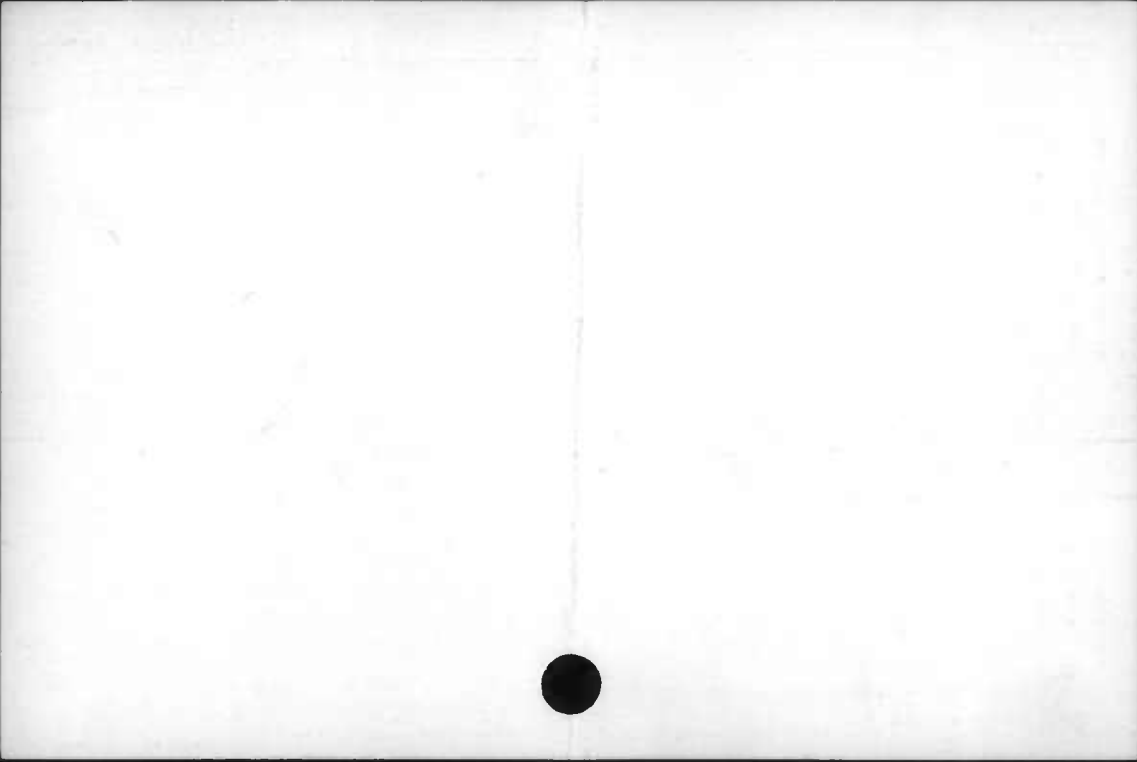
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Ephraim		County Frederick		MARYLAND	
Date of death 1909		Month July	Day 25	Years - Age 46		Months 3	Days
Sex Female		Color or Race white		Birth- place Frederick Co.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Chas. Nichols					
Father's Name Samuel				Father's Birthplace Samuel			
Mother's Maiden Name "				Mother's Birthplace "			
Name of person giving Information Chas Nichols				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate	Hemorrhages from bowel	How long	2 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Taylor E. Dookey	
		Address Barnesville, Md	
Accident or Suicide			



Name
in
Full

Chas Edward O'Hara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

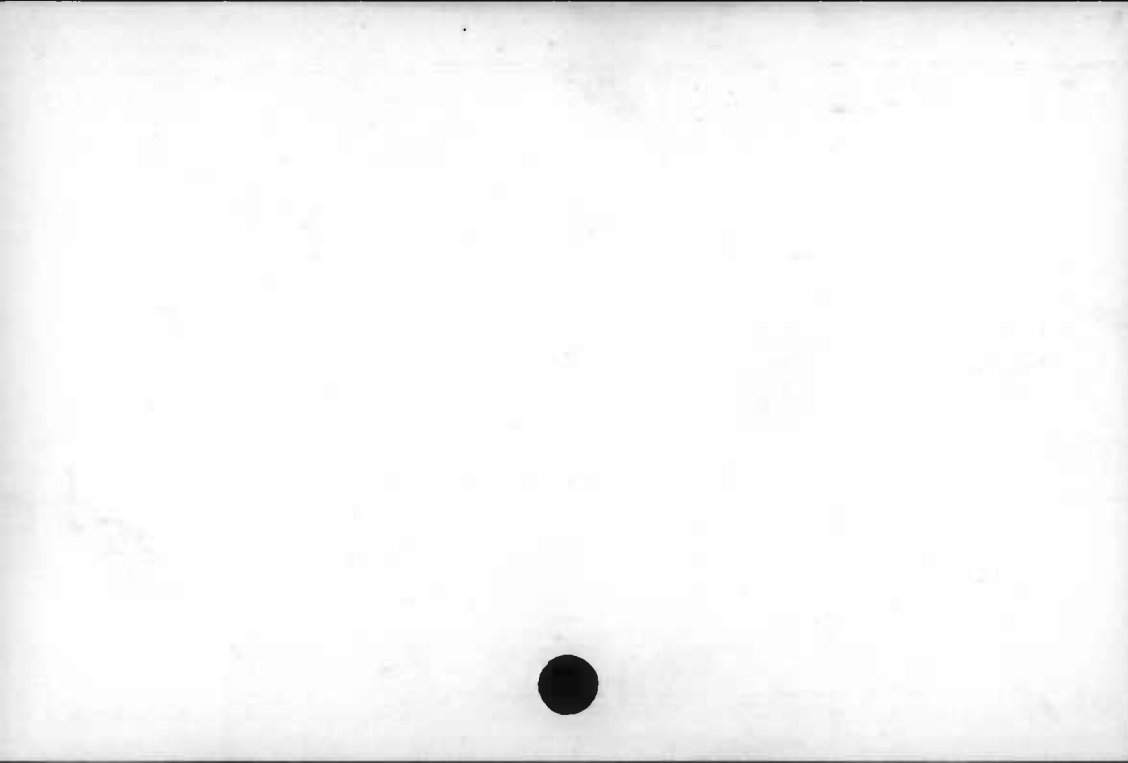
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	22	Age	60		
Sex		Color or Race		Birth-place			
Male		White		Frederick County			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Fannie M Eswordby					
Father's Name		Father's Birthplace					
Jno O'Hara		Frederick County					
Mother's Maiden Name		Mother's Birthplace					
Mary J Hamilton		"		"			
Name of person giving Information		How related to deceased					
Chas O'Hara		Son					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 or 3 years.
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		J. B. Johnson	
		Address	
		Frederick Md.	
Accident or Suicide			



Name
in
Full

Margaret Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick ^{Town} Fredenck ^{County} **MARYLAND**

Date of death 1909 July ^{Month} 30 ^{Day} Age 3 ^{Years} 3 ^{Months} 2 ^{Days}

Sex Female Color or Race White Birth-place md

Occupation none Where Reiding if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Henry Albert Reed Father's Birthplace VA

Mother's Maiden Name Mary Elizabeth Coley Mother's Birthplace md

Name of person giving Information Mary Elizabeth Reed How related to deceased mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long 36 hours

Immediate Cerebral Complication How long 12 hours

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician L. M. Reed

Address Brunswick
Fredenck Co

Accident or Suicide 8



Name
in
Full

Virginia a Rinker

CERTIFICATE OF DEATH

Town

County

Died at

Brunswick

Dorchester

MARYLAND

Date

of death

1909 July

Month

Day

4

Age

Years

31

Months

9

Days

26

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

House work

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Huaband

Samuel Rinker

Father's
Name

James W Cosgrove

Father's
Birthplace

pa

Mother's
Meiden Name

Alice S P. Cosgrove

Mother's
Birthplace

Md

Name of person giving
Information

W.D.C. Cosgrove

How related
to deceased

Brother

CAUSES OF DEATH

64

How long

7

Primary

Immediate

Cerebral Hemorrhage

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. H. Hoxie

Address

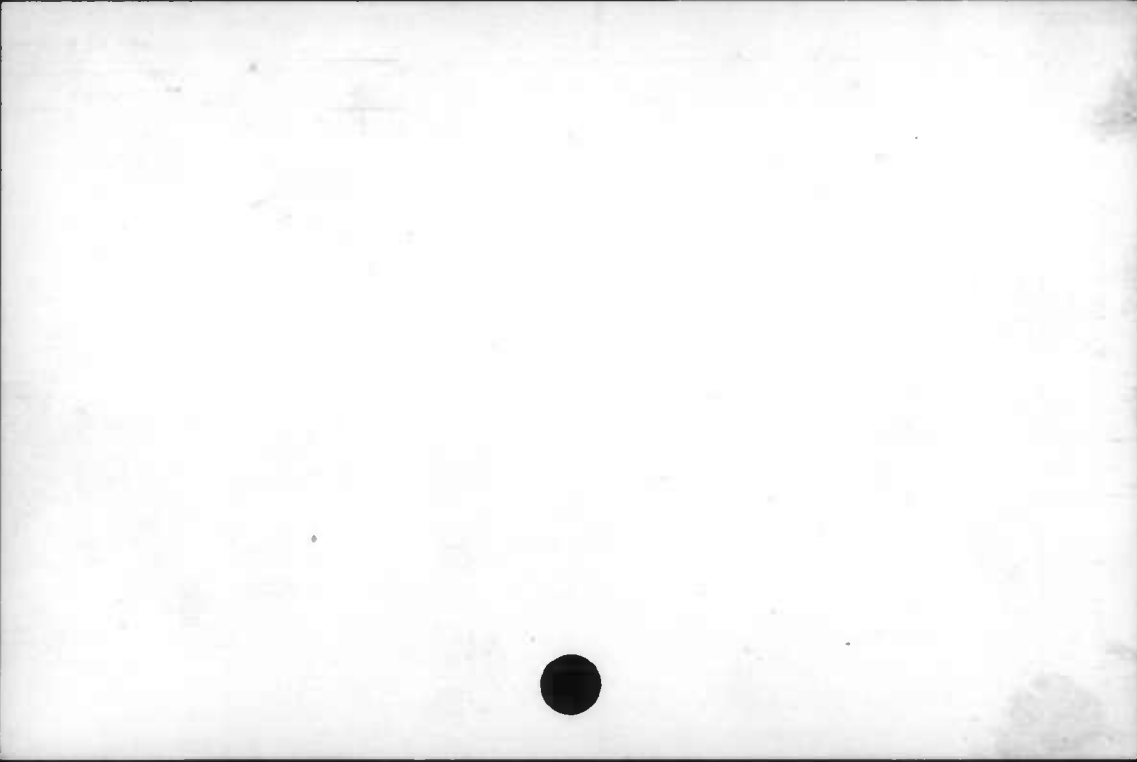
Brunswick

Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fredericks</i>				<i>Fredericks</i>		MARYLAND			
		Date of death <i>1909</i>		Month <i>7</i>	Day <i>1</i>	Years <i>34</i>	Months <i>1</i>	Days <i>23</i>			
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Fredericks</i>					
		Occupation <i>House Wife</i>				Where Residing if not at place of death <i>Same</i>					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. W. Roberts</i>							
		Father's Name <i>John J. Musdock</i>				Father's Birthplace <i>Great Neck</i>					
		Mother's Maiden Name <i>Marietta Johnson</i>				Mother's Birthplace <i>" " "</i>					
PHYSICIAN OR CORONER		Name of person giving information <i>Mrs. W. Roberts</i>				How related to deceased <i>Husband</i>					
		CAUSES OF DEATH									
		Primary <i>Typhoid Fever</i>				How long <i>4 weeks</i>					
		Immediate <i>Ischemia, Exhaustion</i>				How long <i>Several days.</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>U. G. Doerme M.D.</i>					
						Address <i>Fredericks Md</i>					
		Accident or Suicide? <i>—</i>									

Interment July 4 - 09

" at Greenmount Cemetery

Thomas R Rice F.I.

do Bourne

do McCurdy,

Name
in
Full

Vincent Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

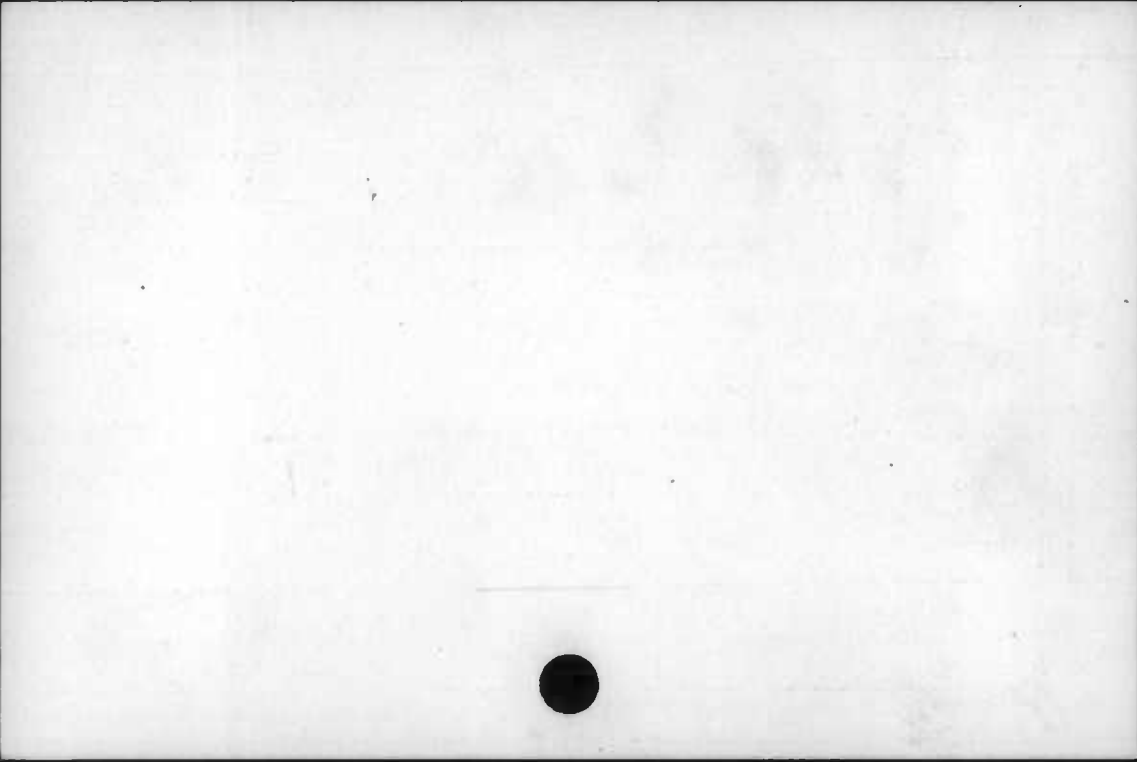
Died at <i>Bunkittsville</i> ^{Town}		<i>Fred.</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>July</i> ^{Day} <i>9</i> ^{Years} <i>18</i>		<i>0</i> ^{Months}		<i>0</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Fred. Co</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Emma Robinson</i>			
Father's Name <i>Isaac Robinson</i>		Father's Birthplace <i>Easton shore</i>			
Mother's Maiden Name <i>Emily Brown</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Diamond Robinson</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. J. Foutte</i>
	Address <i>Bunkittsville Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary R. Sappington</i>		Town <i>Yellow Springs</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Yellow Springs</i>		Month <i>7</i>		Day <i>32</i>		Years <i>52</i>	
Date of death <i>1909</i>		Month <i>7</i>		Day <i>32</i>		Years <i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>		Months <i>4</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Frederick Md</i>		Years <i>52</i>		Days <i>8</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Francis B. Sappington</i>		Father's Name <i>Nelson Angell</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Harriet Weddell</i>		Name of person giving information <i>F. B. Sappington</i>		How related to deceased <i>Husband</i>		Mother's Birthplace <i>"</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diathe Mucitis</i>	How long <i>18 years</i>
Immediate <i>Diathe Corua</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. W. Taberney M.D.</i>
Address <i>Frederick Md</i>	
Accident or Suicide? <i>_____</i>	

Interment July 24 1909

" at Mt. Olivet Cemetery

Thomas F. Rice F. D.

Dr. Harry Fahney

Dr. Goodell.

Name
in
Full

Frank J. Schröder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

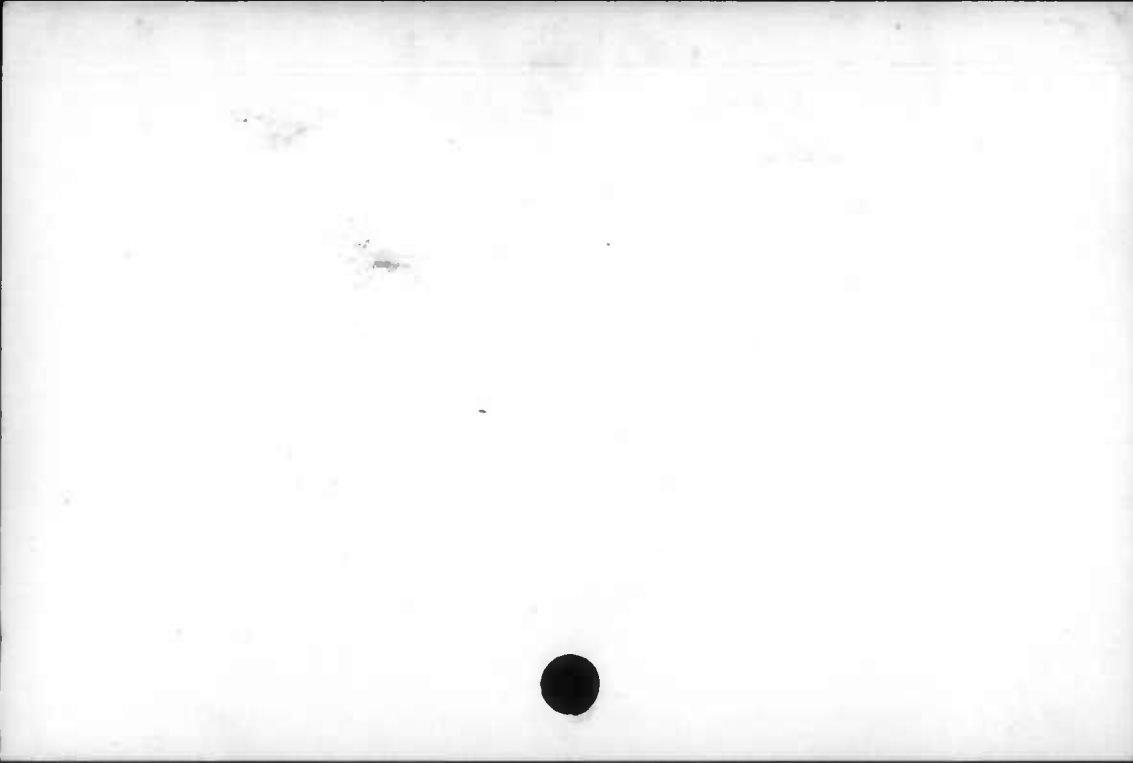
Died at <u>Fredrick</u>		Town		County		MARYLAND	
Date of death 190 <u>9</u>		Month <u>7</u>	Day <u>25</u>	Age <u>49</u>	Years	Months <u>6</u>	Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Y</u>		Birth-place <u>md</u>			
Occupation <u>Merchant</u>		Where Residing if not at place of death <u>Y</u>					
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>Lillian Shall</u>					
Father's Name <u>Fredrick. Schröder</u>		Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Opheia Hurnung</u>		Mother's Birthplace <u>Germany</u>					
Name of person giving Information <u>Edu Schröder</u>		How related to deceased <u>Brother</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>9 mos</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Y</u>	Signature of Physician <u>G. J. Groden. MD</u>
	Address <u>Fredrick. MD</u>
Accident or Suicide <u>N</u>	



Name
in
Full

CERTIFICATE OF DEATH

Joseph G.P. Schroyer

Town

County

MARYLAND

Died at Wolfsville

Fired.

Date of death 1909 July

Day 15 Age 59

Months 4 Days 10

Sex Male

Color or Race White

Birth-place Fred Co.

Occupation Farmer

Where Residing if not at place of death Fred. Co

Married, Single or Widowed Widower

Name of Wife or Husband Mary Ellen Easterday

Father's Name John Schroyer

Father's Birthplace Fred Co.

Mother's Maiden Name Rebecca Johnson

Mother's Birthplace ..

Name of person giving Information Harry Schroyer

How related to deceased Son

CAUSES OF DEATH

66

Primary Paralysis
Immediate Convulsions

How long Immediate -
How long 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

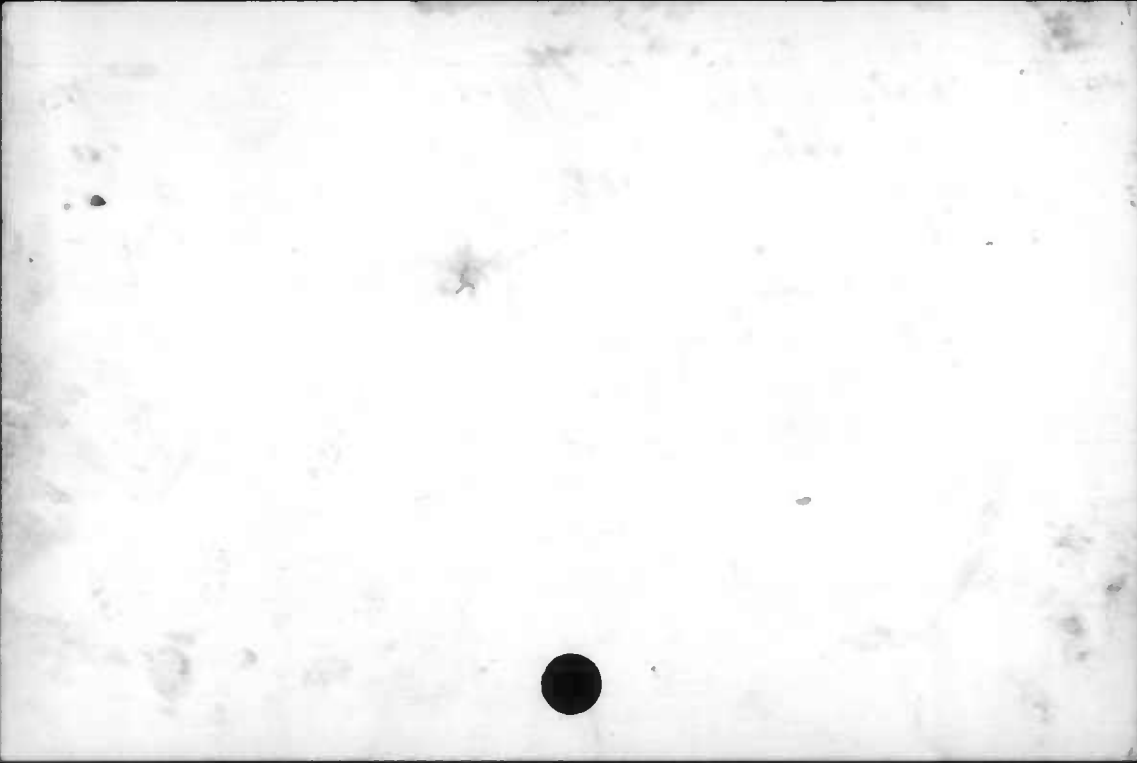
Address

G. S. Davis
Bromabon
Fred

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jennie Bowers Shank

Died at *Woodson* Town *Frederick* County

MARYLAND

Date of death *1909 July 25* Age *58* Months *3* Days *21*

Sex *Female* Color or Race *White* Birth-place *Woodson Md*

Occupation *House wife* Where Residing if not at place of death *same place*

Married, Single or Widowed *Married* Name of Wife or Husband *George David Shank*

Father's Name *Jacob Still Bowers* Father's Birthplace *near Woodson*

Mother's Maiden Name *Lilly Ann Muhl* Mother's Birthplace *Craigton*

Name of person giving information *J R Shank* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cerebral Branchial Catalsy - sequela from maldels - 56 yrs. Paralysis*

How long *6 years*
How long *8 hours*

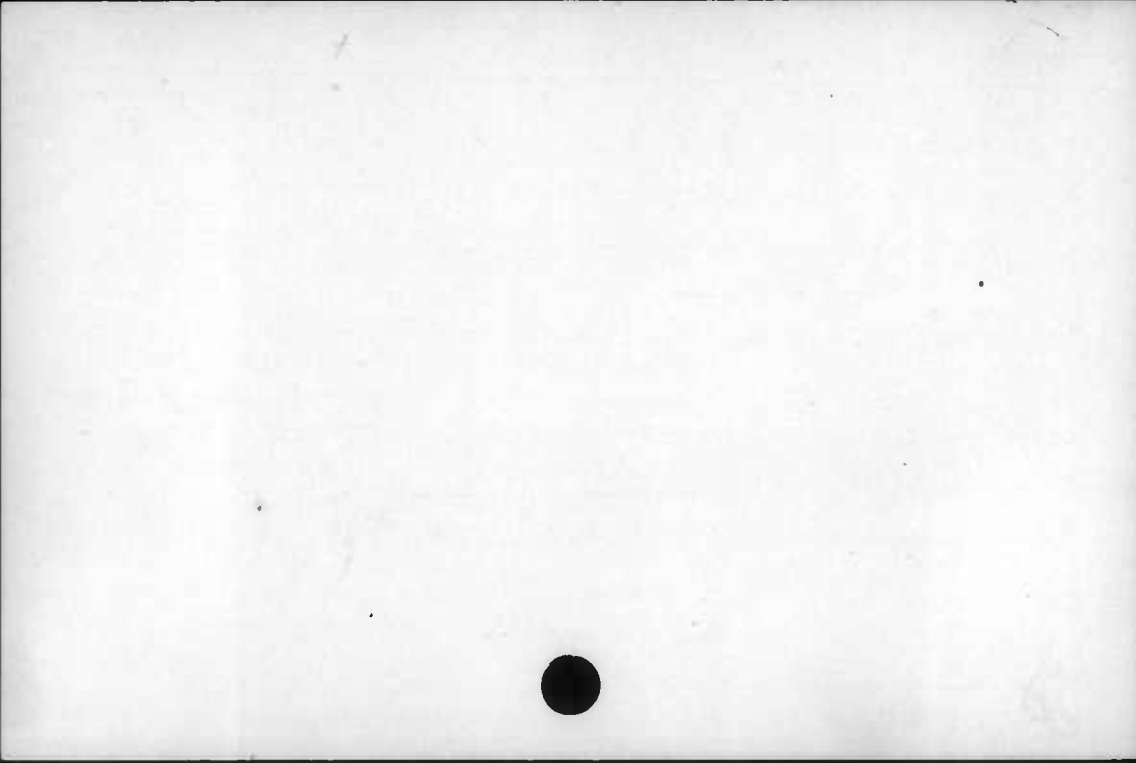
Immediate *Paralysis*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C A. Stutz*
Address *Woodson*

Accident or Suicide? *no*

Md.



Name
in
Full

Mrs. Alice George Ann Smith

CERTIFICATE OF DEATH

Died at

New Woodsbrook Frederick

MARYLAND

Date

of death 1909

Month

July

Day

3

Years

Age

59

Months

9

Days

Sex

Female

Color or
Race

White

Birth-
place

New Ridge

Occupation

Housewife

Where Residing if not
at place of death

Same place

Married, Single
or WidowedName of Wife or
Husband

J. M. Smith

Father's
Name

George M. Bannick

Father's
Birthplace

New Market

Mother's
Maiden Name

Susan Kriese

Mother's
Birthplace

Rock Ridge

Name of person giving
Information

Mrs. Eichelberger

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Indigestion - General Neurasthenia

How long

About 3 Years

Immediate

Heart Failure - Collapse } from General Debility

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. A. Stultz M.D.

Woodboro Md.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Ray Edward Smith

Town

County

Died at

near Olive

Frederick

MARYLAND

Date

of death

190

9

Month

7

Day

20

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Child.

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Clifford Smith

Father's
Birthplace

Fred. Co Md.

Mother's
Maiden Name

Mary Allen

Mother's
Birthplace

Fred. Co Md.

Name of person giving
InformationHow related
to deceased

(15-1)

CAUSES OF DEATH

Primary

Premature Birth

How long

1 day

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. H. Butler. Groves

Jefferson Fred Co Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Stanley V. Stine

CERTIFICATE OF DEATH

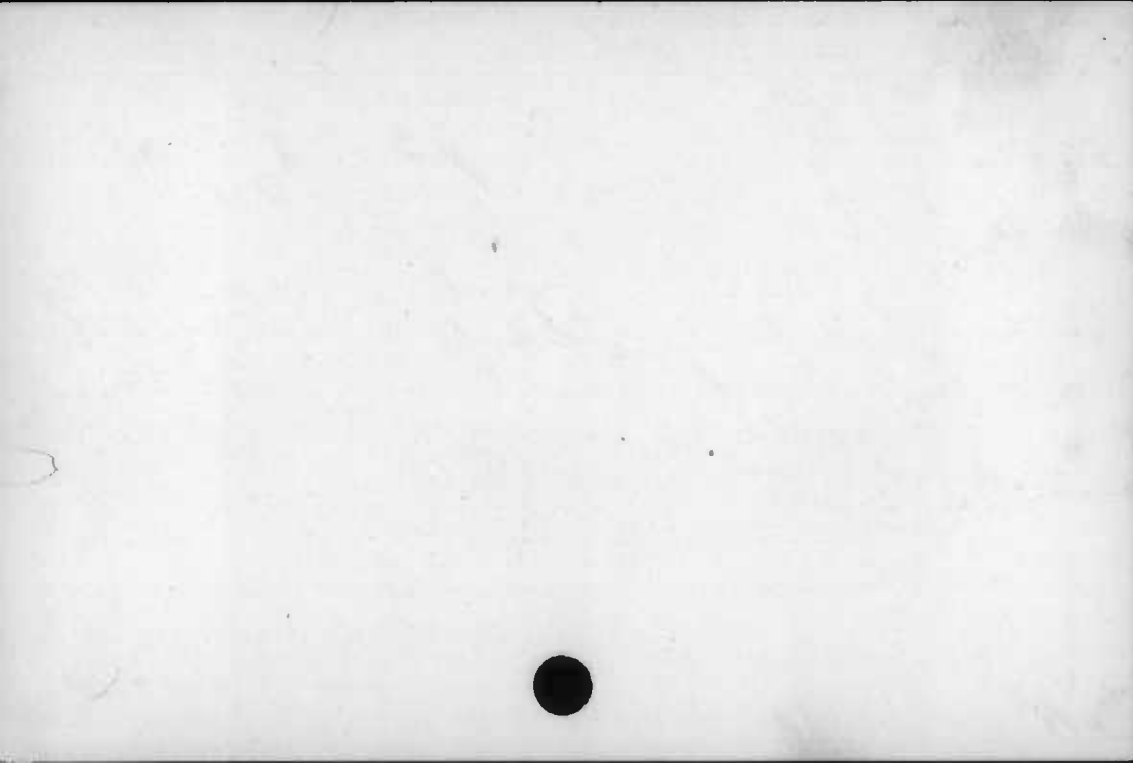
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Jefferson</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>5</i>	Age <i>7</i>	Years	Months <i>9</i>	Days <i>9</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John H. Stine</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Annie C. Young</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>John H. Stine</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Neuralgia Bowel complications</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Smith</i>
	Address <i>Jefferson Md</i>
Accident or Suicide?	



Name
in Full

Thomas Strickline

No-17

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Bartholomew's* ^{County} *Frederick* **MARYLAND**
 Date of death 190 ^{Month} *9* ^{Day} *July* ^{Years} *24* Age *abt 70* Months Days
 Sex *Male* Color or Race *Colored* Birth-place *Virginia*
 Occupation *Singled Labourer* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Don't know* Father's Birthplace *Don't know*
 Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*
 Name of person giving Information *Mrs. Mary J. Owens* How related to deceased *None*

CAUSES OF DEATH

☒ *Don't know;*
How long

PHYSICIAN
OR CORONER

Primary *asthama*
 Immediate *no Physician in attendance.* How long *Don't know;*
 Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *George W. Smith, Registrar,*
 Address *New Market, Fredk Co, Md.*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

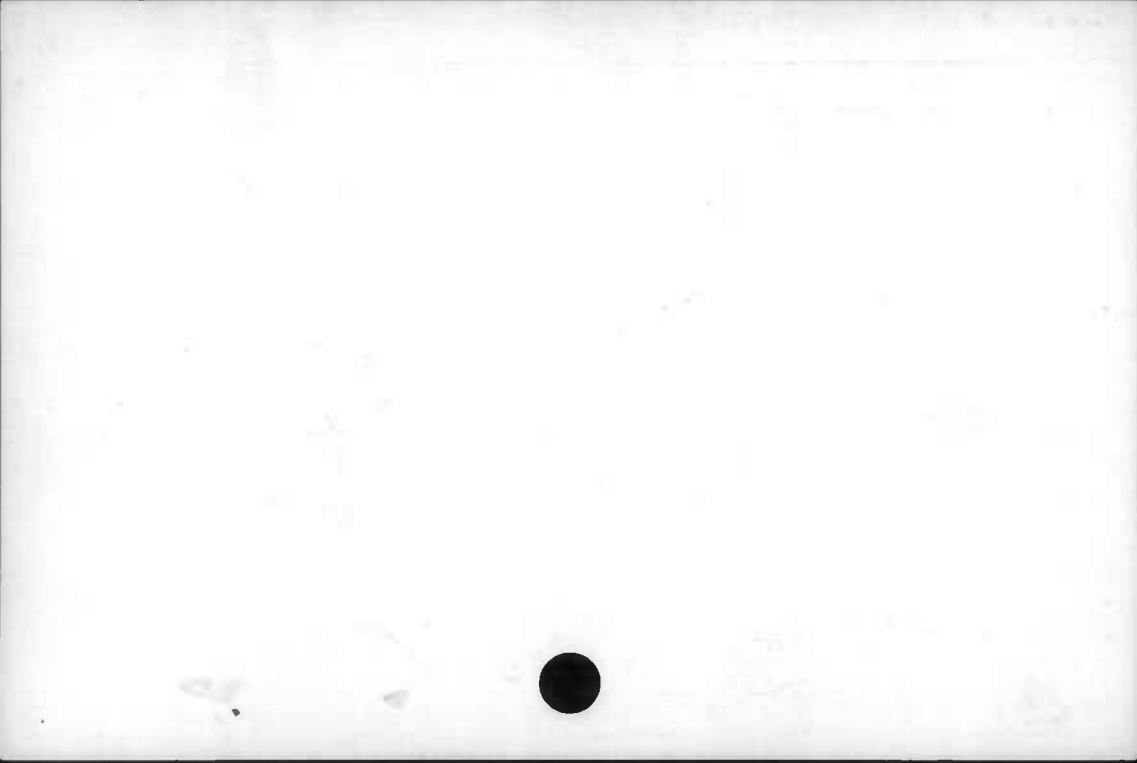
Died at		Town Fryville		County Frederick		MARYLAND					
Date of death		190	9	Month July	9	Day	8	Months	1	Days	
Sex		Male		Color or Race		White		Birth- place		Del	
Occupation				Clergymen							
Married, Single or Widowed				Married							
Name of Wife or Husband				Hester L. Coughlin N.Y.							
Father's Name				Franklin Thorp				Father's Birthplace			Del
Mother's Maiden Name				Don't know				Mother's Birthplace			Don't know
Name of person giving Information				Mrs John Thorp				How related to deceased			Wife

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Asthma & Bronchitis	How long	10 years
Immediate	Bronchitis - Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. G. McFawcett M.D.	
Address		Thurmont. Md.	
Accident or Suicide		No	



Name in Full **Solomon Tucker** County **Frederick** **MARYLAND** **CERTIFICATE OF DEATH**

TO BE ANSWERED BY
NEAREST FRIEND

Died at **near Liberty** **Frederick**

Date of death **1909** **July** **23rd** Age **79** Months **5** Days **1**

Sex **Male** Color or Race **Colored** Birth-place **Daysville**

Occupation **Farmer** Where Residing if not at place of death **at place of death**

Married, Single or Widowed **Widower** Name of Wife or Husband **Hannah Peach**

Father's Name **Alonza Tucker** Father's Birthplace **Daysville Md**

Mother's Maiden Name **Sarah Day** Mother's Birthplace **Daysville Md**

Name of person giving information **Clinton Tucker** How related to deceased **Son**

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

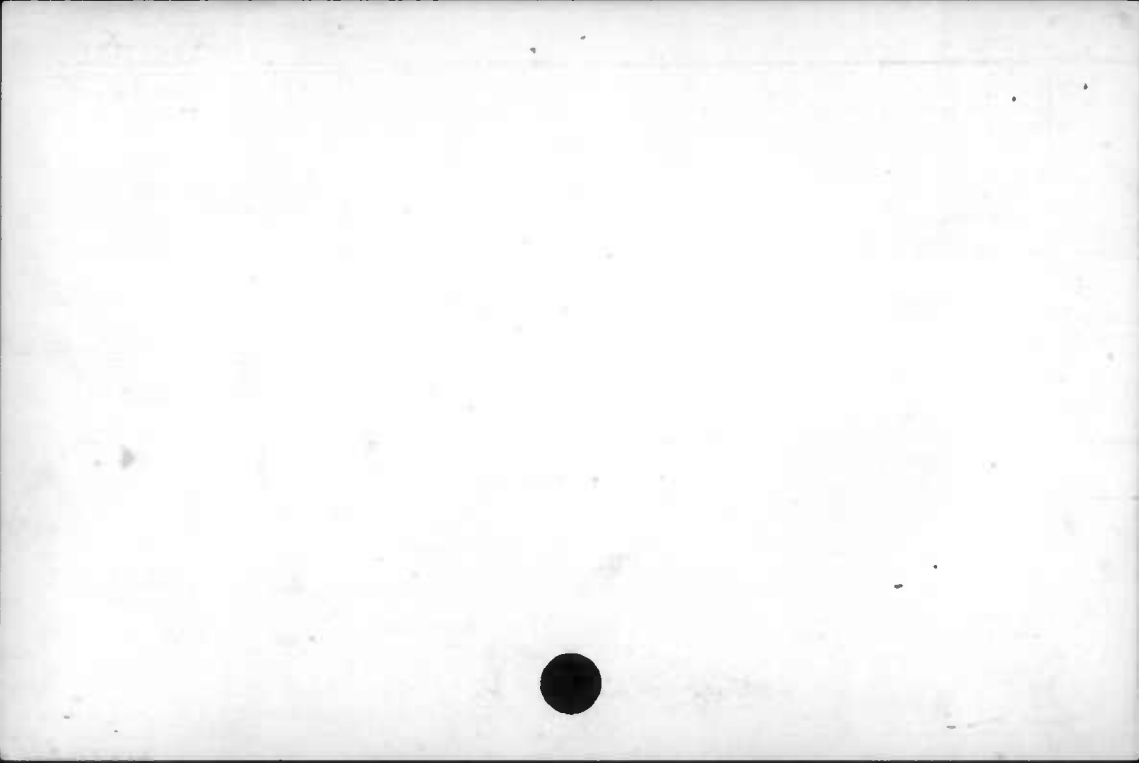
Primary **Mitral Regurgitation** How long **about 1 yr.**

Immediate **Anasarca et Ordema Pulmonum** How long **about 5 mo.**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **R. L. Hammond** Address **Woodboro, Md.**

Accident or Suicide **No**



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H. Turner</i>		Town <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Died at <i>Fredricks</i>		Month <i>7</i>		Day <i>31</i>		Years <i>23</i>	
Date of death <i>1909</i>		Months <i>8</i>		Days <i>8</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Fredricks</i>			
Occupation <i>Servant</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bertha Tyson</i>					
Father's Name <i>Henry Turner</i>		Father's Birthplace <i>Fredricks Co Md</i>					
Mother's Maiden Name <i>Rosa Mack</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving In formation <i>Rosa Turner</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>	How long <i>8 days</i>
	Immediate <i>Exhaustion & Nausea</i>	How long <i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. C. J. Goodell</i>
	Accident or Suicide? <i>no</i>	Address <i>Fredricks.</i>

Interment Aug 3 - 1909

" at Laboring Sons burial -

Thomas P. Rice F.O.

Dr Goodell

Dr McCurdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		Effie Virtz		Town		Frederick		County		Frederick		MARYLAND											
Died at				Month		July		Day		1		Years		33		Months		X		Days		X	
Date of death		1909						Age		33													
Sex		Female		Color or Race		White		Birth-place		Louden Co. Va													
Occupation		House wife		Where Residing if not at place of death		City Hospital																	
Married, Single or Widowed		Married		Name of Wife or Husband		Eugene Virtz																	
Father's Name		Daniel Everheart		Father's Birthplace		Louden Va																	
Mother's Maiden Name		Ann Everheart		Mother's Birthplace		Louden Va																	
Name of person giving Information		Husband of deceased		How related to deceased																			

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary		Miscarriage with retained placenta		How long		3 weeks	
Immediate		Puerperal fever		How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		T B Johnson, Frederick, Md.	
Accident or Suicide							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

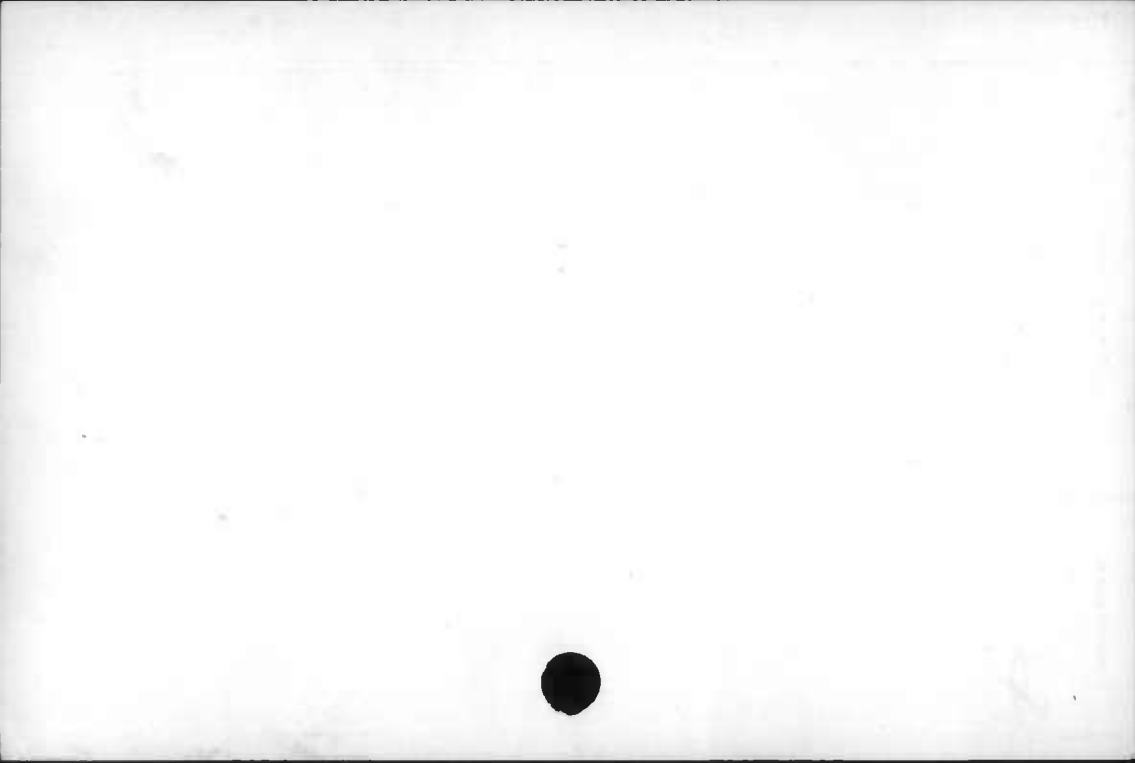
Name in Full <i>Richard Paulin Hallis</i>		Town <i>Fredricks</i>		County <i>Fredrich</i>		MARYLAND	
Died at <i>Fredricks</i>		Month <i>July</i>		Day <i>16</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>16</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>W.</i>		Birth-place <i>MD</i>		Months <i>3</i>	
Occupation <i>S</i>		Where Residing if not at place of death <i>S</i>					
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>S</i>					
Father's Name <i>George Hallis</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Josephine Gittinger</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>George Hallis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute</i>	How long <i>10 days</i>
Immediate <i>Enteric Colitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. C. Cundy</i>
<i>J</i>	Address <i>[Redacted]</i>
Accident or Suicide	



Name in Full		Infant Weller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Fredericks</u> <small>Town</small>		<u>Fredericks</u> <small>County</small>		MARYLAND		
		Date of death <u>1909</u>		<u>7</u> <small>Month</small>	<u>30</u> <small>Day</small>	<u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Frederick</u>		
		Occupation <u> </u>		Where Residing if not at place of death <u>Same</u>				
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>				
PHYSICIAN OR CORONER		Father's Name <u>Frank Weller</u>				Father's Birthplace <u>Frederick Co Md</u>		
		Mother's Maiden Name <u>Kellie Dean</u>				Mother's Birthplace <u>" " "</u>		
		Name of person giving information <u>Mrs. Laura Dean</u>				How related to deceased <u>Grand Mother</u>		
		<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary <u>Still Born</u></p> <p>Immediate <u> </u></p> <p>Are the name, age, sex, color, date and place correctly given above? <u>yes</u></p> <p>Accident or Suicide? <u> </u></p> </div> <div> <p>How long <u>8</u></p> <p>How long <u> </u></p> <p>Signature of Physician <u>J. Needix M.D.</u></p> <p>Address <u>Frederick, Md.</u></p> </div> </div>						

Interment July 30—89

" at Mt Olivet. Cem.

Thomas R Rice F.D.

Dr Hendrick

Dr Mc Gurdy

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm. A. Wessing* Town *Thurmont* County *Potomac*

Died at *Thurmont* Maryland

Date of death 190 *9* Month *July* Day *29* Age *55* Years Months *—* Days *2*

Sex *male* Color or Race *white* Birth-place *Maryland*

Occupation *none* Where Reiding if not at place of death *Thurmont Md.*

Married, Single or Widowed *married* Name of Wife or Husband *Mary Wessing*

Father's Name *George R. Wessing* Father's Birthplace *Md*

Mother's Maiden Name *Hennetta Dill* Mother's Birthplace *Md -*

Name of person giving Information *Mary Wessing* How related to deceased *wife*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

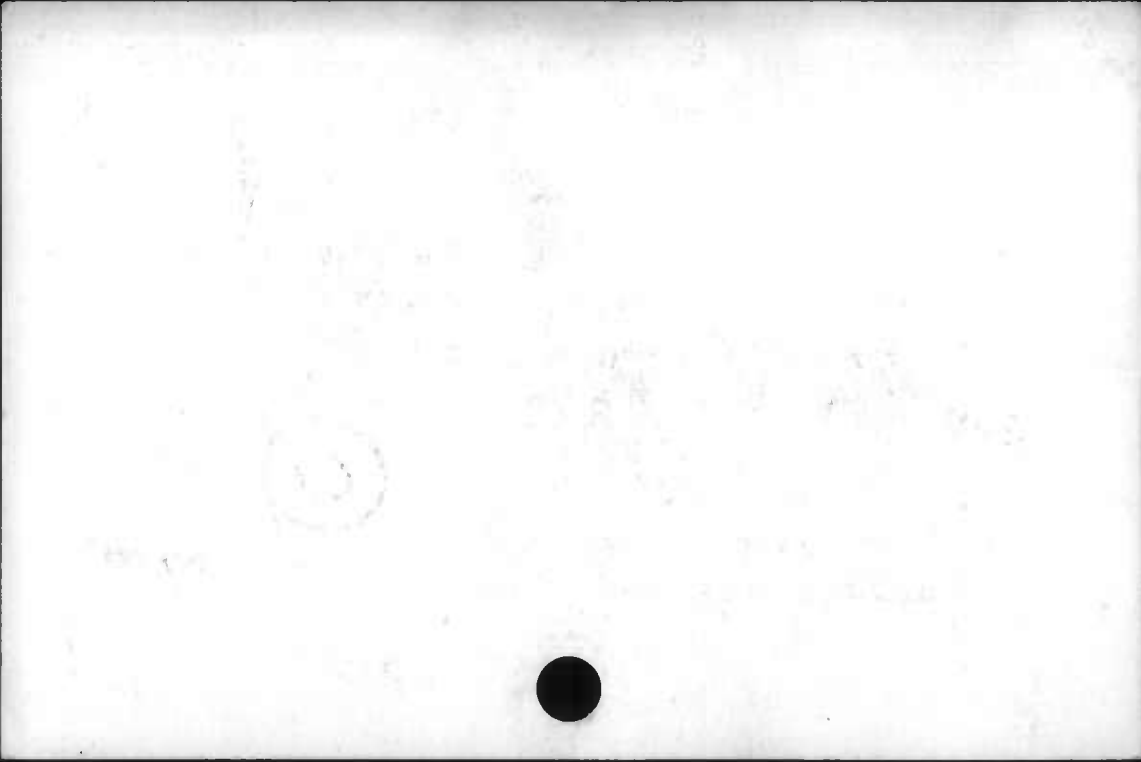
Primary *Progressive Paralysis* How long *5 yrs -*

Immediate *Cerebral Hemorrhage* How long *3 days -*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Morris A. Burch* Address *Thurmont Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mary Ellen Young*
Heagaville *Andak*
Town CountyDate of death *1909* *2* *24* *44*
Month Day Age Years Months DaysSex *Female* Color or Race *White* Birth-place *London Co. Va.*Occupation *Spinster* Where Residing if not at place of deathMarried, Single or Widowed ☒ Name of Wife or Husband *George Young*Father's Name *Johna Struck* Father's Birthplace *Va*Mother's Maiden Name *Ellen E. Mcbutcher* Mother's Birthplace *Va*Name of person giving information *George Young* How related to deceased

CAUSES OF DEATH

(138)

PHYSICIAN
OR CORONERPrimary *Child Birth* How long *20 Hours*Immediate *Uterine convulsions* How long *15 "*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. H. Heiders*Address *Frederick Md.*Accident or Suicide? *No*

